

**CITY OF NEWTON
PURCHASING DEPARTMENT**

***CONTRACT FOR NEWTON COMMUNITY
DEVELOPMENT AUTHORITY***

PROJECT MANUAL:

**John Malcolm
184 East Side Parkway
Newton, Massachusetts
Deleading & Rehabilitation**

INVITATION FOR BID #15-02

MANDATORY Pre-Bid Meeting: July 10, 2014 at 10:30 a.m.

Bid Opening Date: July 24, 2014 at 11:30 a.m.

JULY 2014

Setti D. Warren, Mayor

**CITY OF NEWTON
PURCHASING DEPARTMENT**

INVITATION FOR BID #15-02

The City of Newton (City) invites sealed bids from Contractors for the benefit of John Malcolm (Applicant), with respect to Applicant's property located at 184 East Side Parkway, Newton MA (Property). It is understood that, while the City is responsible for the administration of the procurement, the contract awarded will be between the Applicant and the Contractor, and that upon execution of the contract between the Applicant and the Contractor, the neither the Newton Community Development Authority (Authority) nor the City shall have any liability to either of them, for any reason whatsoever.

The contract is for the following purposes:

Renovations to the Property as set forth in the Specs By Location/Trade attached as Attachment A (Project)

MANDATORY Pre-Bid Meeting: 10:30 a.m., Thursday, July 10, 2014, located at: 184 East Side Parkway, Newton
Bids will be received until: 11:30 a.m. , Thursday, July 24, 2014
at the Purchasing Department, Room 204, Newton City Hall, 1000 Commonwealth Avenue, Newton, MA 02459. Bids will not be accepted nor may submitted bids be corrected, modified or withdrawn after the deadline for bids. Following the deadline for bids, all bids received within the time specified will be publicly opened and read aloud.

Contract Documents will be available on line at www.newtonma.gov/bids or for pickup at Newton City Hall, Room 204, Purchasing Department, 1000 Commonwealth Avenue, Newton Centre, MA 02459 after 10:00 a.m., July 3, 2014. **A MANDATORY walk through of the work site to be held on July 10, 2014 at 10:30 a.m., or at such other date and time as the City shall specify in an email notice to all Bidders of record. A bidder that has not attended this walk through is not eligible to submit a bid on this project.**

There will be no charge for contract documents.

Bid surety is not required with this bid.

Award will be made to the lowest, responsible, and responsive bidder for services based on the Grand Total. Any bidder not providing prices for all line items may be deemed unresponsive and therefore rejected. **Provision of services is required to start upon the execution of this contract.** The dollar value of the contract may not be increased by an amount more than twenty five percent (25%) of the contract total.

The term of the awarded contract **shall extend from the time of execution for approximately sixty (60) days or until the Project is finished.**

All bids shall be governed by the terms and conditions set forth in this IFB. Any supplies subject to the bid shall be delivered F.O.B. Destination at the Property.

All bids shall be submitted as **one (1) ORIGINAL and two (2) COPIES.**

All City bids are available on the City's web site at www.newtonma.gov/bids. It is the sole responsibility of the contractors downloading these bids to ensure they have received any and all addenda prior to the bid opening. Addenda will be available online within the original bid document as well as a separate file. If you download bids from the internet site and would like to make it known that your company has done so, you may fax the Purchasing Department (617) 796-1227 or email to purchasing@newtonma.gov with your NAME, ADDRESS, PHONE, FAX AND INVITATION FOR BID NUMBER.

The City will reject any and all bids in accordance with the above referenced General Laws. In addition, the City reserves the right to waive minor informalities in any or all bids, or to reject any or all bids (in whole or in part) if it be in the public interest to do so.

CITY OF NEWTON



Nicholas Read
Chief Procurement Officer
July 3, 2014

CITY OF NEWTON
DEPARTMENT OF PURCHASING
INSTRUCTIONS TO BIDDERS

ARTICLE 1 - BIDDER'S REPRESENTATION

- 1.1 Each General Bidder (hereinafter called the "Bidder") by making a bid (hereinafter called "bid") represents that:
1. The Bidder has read and understands the Contract Documents and the bid is made in accordance therewith.
 2. The Bidder has attended the mandatory walk through at the work site on July 10, 2014 and is familiar with the local conditions for which the services are being procured.
- 1.2 Failure to so examine the Contract Documents and work site will not relieve any Bidder from any obligation under the bid as submitted.

ARTICLE 2 - REQUEST FOR INTERPRETATION

- 2.1 Bidders shall promptly notify the City of any ambiguity, inconsistency, or error which they may discover upon examination of the Contract Documents, the site, and local conditions.
- 2.2 Bidders requiring clarification or interpretation of the Contract Documents shall make a written request to the *Chief Procurement Officer*, at purchasing@newtonma.gov or via facsimile (617) 796-1227. The City will only answer such requests if received **July 18, 2014 at 12:00 noon**.
- 2.3 Interpretation, correction, or change in the Contract Documents will be made by addendum which will become part of the Contract Documents. The City will not be held accountable for any oral communication.
- 2.4 Addenda will be emailed to every individual or firm on record as having taken a set of Contract Documents.
- 2.5 Copies of addenda will be made available for inspection at the location listed in the Invitation for Bids where Contract Documents are on file, in addition to being available online at www.newtonma.gov/bids.
- 2.6 Bidders contacting ANY CITY EMPLOYEE regarding an Invitation for Bid (IFB) outside of the Purchasing Department, once an IFB has been released, may be disqualified from the procurement process.
- 2.7 Bidders downloading information off the internet web site are solely responsible for obtaining any addenda prior to the bid opening. If the bidder makes itself known to the Purchasing Department, at purchasing@newtonma.gov or via facsimile (617) 796-1227, it shall be placed on the bidder's list. Bidders must provide the Purchasing Department with their company's name, street address, city, state, zip, phone, fax, email address and **INVITATION FOR BID #15-02**.

ARTICLE 3 – PRIVATE CONTRACT

The IFB is administered by the City of Newton and its Community Development Authority. However, the resulting contract will be between the Applicant and the Bidder selected as the lowest responsive and responsible bidder. Even though funds are provided through the Authority, as the parties to the contract will be private persons, the contract shall not be deemed to be a public contract.

ARTICLE 4 - PREPARATION AND SUBMISSION OF BIDS

- 4.1 Bids shall be submitted on the "Bid Form" as appropriate, furnished by the City.
- 4.2 All entries on the Bid Form shall be made by typewriter or in ink.
- 4.3 Where so indicated on the Bid Form, sums shall be expressed in both words and figures. Where there is a discrepancy between the bid sum expressed in words and the bid sum expressed in figures, the words shall control.
- 4.4 The Bid shall be enclosed in a sealed envelope with the following plainly marked on the outside:
- * GENERAL BID FOR: **#15-02**
 - * NAME OF PROJECT: **John Malcolm, 184 East Side Parkway, Newton, MA – Deleading & Rehabilitation**
 - * BIDDER'S NAME, BUSINESS ADDRESS, AND PHONE NUMBER
 - * BIDDER QUALIFICATIONS CERTIFICATE
 - * NEW CONTRACTOR APPLICATION (if applicable)
- 4.5 Date and time for receipt of bids is set forth in the IFB.
- 4.6 Timely delivery of a bid at the location designated shall be the full responsibility of the Bidder.
- 4.7 Bids shall be submitted with one **original** and two (2) **copies**.

ARTICLE 5 - ALTERNATES

- 5.1 Each Bidder shall acknowledge alternates (if any) in Section C on the Bid Form.
- 5.2 In the event an alternate does not involve a change in the amount of the base bid, the Bidder shall so indicated by writing "No Change", or "N/C" or "0" in the space provided for that alternate.
- 5.3 Bidders shall enter on the Bid Form a single amount for each alternate which shall consist of the amount for work performed by the Contractor.
- 5.4 The low Bidder will be determined on the basis of the sum of the base bid and the accepted alternates.

ARTICLE 6 - WITHDRAWAL OF BIDS

- 6.1 Any bid may be withdrawn prior to the time designated for receipt of bids on written or telegraphic request. Telegraphic withdrawal of bids must be confirmed over the Bidder's signature by written notice postmarked on or before the date and time set for receipt of bids.
- 6.2 Withdrawn bids may be resubmitted up to the time designated for the receipt of bids.
- 6.3 No bids may be withdrawn within sixty (60) days, Saturdays, Sundays and legal holidays excluded, after the opening of the bids.

ARTICLE 7 - CONTRACT AWARD

- 7.1 The City is soliciting bids for the rehabilitation of the Property (Rehab Bid) and for the deleading of the Property (Delead Bid). The City will, on behalf of the Applicant, select the responsive and responsible Bidder offering the lowest combined Rehab and Delead Bids within sixty (60) days (Saturdays, Sundays, and legal holidays excluded) after the opening of bids.

- 7.2 The City reserves the right to waive any informalities in or to reject any or all Bids if it be in the public interest to do so. While it is the intent of the City that this procurement follow as closely as possible the requirements of M.G.L. c.30B, it is not required to do so and it may therefore waive any requirements of that statute or this IFB as it deems necessary or appropriate.
- 7.3 The City reserves the right to reject any bidder who has failed to pay any local taxes, fees, assessments, betterments, or any other municipal charge, unless the bidder has a pending abatement application or has entered into a payment agreement with the collector-treasurer.
- 7.4 As used herein, the term "lowest responsible and responsive Bidder" shall mean the Bidder (1) whose bid is the lowest of those bidders possessing the skill, ability and integrity necessary for the faithful performance of the work; (2) who has met all the requirements of the invitation for bids; and (3) who shall certify that he is able to furnish labor that can work in harmony with all other elements of labor employed or to be employed in the work.
- 7.5 Subsequent to identifying the lowest responsive and responsible bidder, and within five (5) days, Saturday, Sundays and legal holidays excluded, after the prescribed forms are presented for signature, the successful Bidder and the Applicant shall execute and deliver to the City a contract in such number of counterparts as the City may require.
- 7.6 In the event that the City receives low bids in identical amount from two or more responsive and responsible Bidders, the City shall select the successful Bidder by a blind selection process such as flipping a coin or drawing names from a hat. The low Bidders who are under consideration will be invited to attend and observe the selection process.

ARTICLE 8 - TAXES

- 8.1 Bidder shall include in this bid any tax imposed upon the sale or rental of tangible personal property in this Commonwealth, such as any and all building materials, supplies, services and equipment required to complete the work.
- 8.2 As the Applicant is a private person, there is no exemption from payment of the Massachusetts Sales Tax.

ARTICLE 9 – FEDERAL HOUSING ASSISTANCE REQUIREMENTS

Funds for the construction services procured hereby are provided through the federal programs designed to provide assistance to low and moderate income homeowners. Based on the amount of the contract, the Contractor will have to comply with one or more of the requirements of 24 CFR 135 of Section 3 of the Housing and Urban Development Act of 1968, 12 U.S.C. §17010.

END OF SECTION

CITY OF NEWTON
DEPARTMENT OF PURCHASING

BID FORM #15-02

- A. The undersigned proposes to furnish all labor, materials, tools, equipment, transportation and supervision required to perform all work in accordance with the Project Manual to the Applicant named therein entitled:

John Malcolm
184 East Side Parkway
Newton, Massachusetts

- B. This bid includes addenda number(s) _____, _____, _____, _____.

- C. The contract price(s) will be per attached Attachment A, Specs By Location/Trade.

(The IFB provides for no alternate bids.)

(Grand Totals from Attachment A, Specs By Location/Trade must be placed here):

Rehab Bid _____ and \$ _____
Dealead Bid _____ and \$ _____

Total Bid _____ **and \$** _____
(Written word) (Numerical)

Total (From execution of the contract through completion of the Project) = Rehab Bid + Dealead Bid

IMPORTANT: Award will be made to the lowest responsive and responsible bidder based on the combined total of both bids.

***If an alternate item is being proposed, the bidder shall so indicate by providing a full description of the proposed substitute as well as provide data sheets, catalog cuts, performance and test data, and any other information which will support or otherwise prove equality; such proof rests entirely with the bidder. If the alternate product information (listed above) is not provided at the time of the bid the bidder may be deemed non responsive. SAMPLE IS REQUIRED IF BIDDING AN APPROVED EQUAL.**

COMPANY NAME _____

- D. Prompt Payment Discounts. Bidders are encouraged to offer discounts in exchange for an expedited payment. Payments may be issued earlier than the general goal of within 30 days of receipt of the invoice only when in exchange for discounted prices. Discounts will not be considered in determining the lowest responsible bidder.

Prompt Payment Discount _____ % _____ Days
Prompt Payment Discount _____ % _____ Days
Prompt Payment Discount _____ % _____ Days

E. The undersigned has completed and submits herewith the following documents:

- ☐ Signed Bid Form, 2 pages
- ☐ Attachment A, Specs By Location/Trade, 2 forms, rehab = 7 pages and Lead = 8 pages
- ☐ Bidder's Qualifications and References Form, 2 pages
- ☐ Certificate of Non-Collusion, 1 page
- ☐ Certification of Tax Compliance, 1 page
- ☐ Bidder's Qualifications Certificate, 1 page
- ☐ New Contractor Application, 2 pages (if applicable)

F. The undersigned agrees that, if selected as general contractor, s/he will within five days (Saturdays, Sundays and legal holidays excluded) after presentation thereof by the City, execute a contract with the Applicant in accordance with the terms of this bid.

The undersigned hereby certifies that it will comply fully with all laws and regulations applicable to awards made subject to M.G.L. c.30B.

The undersigned further certifies under the penalties of perjury that this bid has been made and submitted in good faith and without collusion or fraud with any other person. As used in this section the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity, or group of individuals. The undersigned further certifies under penalty of perjury that the said undersigned is not presently debarred from public contracting or subcontracting in the Commonwealth under the provisions of M.G.L. c.29, §29F or any other applicable debarment provisions of any other chapter of the General Laws or any rule or regulation promulgated thereunder.

Date _____

(Name of General Bidder)

BY: _____

(Printed Name and Title of Signatory)

(Business Address)

(City, State Zip)

(Telephone)

(FAX)

(E-mail Address)

NOTE: If the bidder is a corporation, indicate state of incorporation under signature, and affix corporate seal; if a partnership, give full names and residential addresses of all partners; if an individual, give residential address if different from business address; and, if operating as a d/b/a give full legal identity. Attach additional pages as necessary.

END OF SECTION

CITY OF NEWTON

BIDDER'S QUALIFICATIONS AND REFERENCES FORM

All questions must be answered, and the data given must be clear and comprehensive. Please type or print legibly. If necessary, add additional sheet for starred items. This information will be utilized by the City for purposes of determining bidder responsiveness and responsibility with regard to the requirements and specifications of the Contract.

1. FIRM NAME: _____
2. WHEN ORGANIZED: _____
3. INCORPORATED? ____ YES ____ NO DATE AND STATE OF INCORPORATION: _____
4. IS YOUR BUSINESS A **MBE**? ____ YES ____ NO **WBE**? ____ YES ____ NO or **MWBE**? ____ YES ____ NO
- * 5. LIST ALL CONTRACTS CURRENTLY ON HAND, SHOWING CONTRACT AMOUNT AND ANTICIPATED DATE OF COMPLETION:

- * 6. HAVE YOU EVER FAILED TO COMPLETE A CONTRACT AWARDED TO YOU?
____ YES ____ NO
IF YES, WHERE AND WHY?

- * 7. HAVE YOU EVER DEFAULTED ON A CONTRACT? ____ YES ____ NO
IF YES, PROVIDE DETAILS.

- * 8. LIST YOUR VEHICLES/EQUIPMENT AVAILABLE FOR THIS CONTRACT:

- * 9. IN THE SPACES FOLLOWING, PROVIDE INFORMATION REGARDING CONTRACTS COMPLETED BY YOUR FIRM SIMILAR IN NATURE TO THE PROJECT BEING BID. A MINIMUM OF FOUR (4) CONTRACTS SHALL BE LISTED. PUBLICLY BID CONTRACTS ARE PREFERRED, BUT NOT MANDATORY.

PROJECT NAME: _____
OWNER: _____
CITY/STATE: _____

DOLLAR AMOUNT: \$ _____ DATE COMPLETED: _____
PUBLICLY BID? _____ YES _____ NO
TYPE OF WORK?: _____
CONTACT PERSON: _____ TELEPHONE #: (____) _____
CONTACT PERSON'S RELATION TO PROJECT?: _____
(i.e., contract manager, purchasing agent, etc.)

PROJECT NAME: _____
OWNER: _____
CITY/STATE: _____
DOLLAR AMOUNT: \$ _____ DATE COMPLETED: _____
PUBLICLY BID? _____ YES _____ NO
TYPE OF WORK?: _____
CONTACT PERSON: _____ TELEPHONE #: (____) _____
CONTACT PERSON'S RELATION TO PROJECT?: _____
(i.e., contract manager, purchasing agent, etc.)

PROJECT NAME: _____
OWNER: _____
CITY/STATE: _____
DOLLAR AMOUNT: \$ _____ DATE COMPLETED: _____
PUBLICLY BID? _____ YES _____ NO
TYPE OF WORK?: _____
CONTACT PERSON: _____ TELEPHONE #: (____) _____
CONTACT PERSON'S RELATION TO PROJECT?: _____
(i.e., contract manager, purchasing agent, etc.)

PROJECT NAME: _____
OWNER: _____
CITY/STATE: _____
DOLLAR AMOUNT: \$ _____ DATE COMPLETED: _____
PUBLICLY BID? _____ YES _____ NO
TYPE OF WORK?: _____
CONTACT PERSON: _____ TELEPHONE #: (____) _____
CONTACT PERSON'S RELATION TO PROJECT?: _____
(i.e., contract manager, purchasing agent, etc.)

10. The undersigned certifies that the information contained herein is complete and accurate and hereby authorizes and requests any person, firm, or corporation to furnish any information requested by the City in verification of the recitals comprising this statement of Bidder's qualifications and experience.

DATE: _____ BIDDER: _____

SIGNATURE: _____

PRINTED NAME: _____ TITLE: _____

END OF SECTION

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word “person” shall mean any natural person, business, partnership, corporation, union, committee club, or other organization, entity, or group or individuals.

(Signature of individual)

Name of Business

CITY OF NEWTON, MASSACHUSETTS

PURCHASING DEPARTMENT

GENERAL TERMS AND CONDITIONS

1. The right is reserved to reject any and all bids, to waive informalities, and to make award as may be determined to be in the best interest of the City or the Applicant.
2. Interpretation, correction, or change in the Contract Documents will be made by Addendum which will become part of the Contract Documents. Neither the City nor the Applicant will be held accountable for any oral representation that is inconsistent with the terms of the Contract Documents.
3. Addenda will be emailed to every individual or firm on record as having downloaded a set of Contract Documents. Addenda will also be posted on the City's website at: www.newtonma.gov/bids . Any bidder downloading the IFB and any plans for a City bid shall email their company's information along with the IFB Number and Project Title that they downloaded. You will then be added to the bidder's list and email distribution list.
4. Prices quoted must include inside delivery to the destination specified on the Purchase Order.
5. No charges will be allowed for packing, crating, freight, Express or cartage unless specifically stated and included in the bid.
6. The award to the successful bidder may be cancelled if successful bidder shall fail to prosecute the work with promptness and diligence.
7. Time in connection with discount offered will be computed from the date of delivery, as specified on purchase order, or from date correct invoice is received, if the latter date is later than the date of delivery.
8. The successful bidder shall replace, repair or make good, without cost to the City or the Applicant, any defects or faults arising within one (1) year after date of acceptance of articles furnished hereunder (acceptance not to be unreasonably delayed) resulting from imperfect or defective work done or materials furnished by the Contractor.
9. The Contractor shall indemnify and save harmless the City, the Applicant, and all persons acting for on behalf of either of them from all suits and claims against them, or any of them, arising from or occasioned by the use of any material, equipment or apparatus, or any part thereof, which infringes or is alleged to infringe on any patent rights. In case such material, equipment or apparatus, or any part thereof, in any such suit is held to constitute infringement, the Contractor, within a reasonable time, will at it's expense, and as the City or Applicant may elect, replace such material, equipment or apparatus with non-infringing material, equipment or apparatus, or remove the material, equipment or apparatus, and refund the sums paid therefor.
10. All bids shall be based on the quantities set forth on the attached bid sheets. These quantities shall be used as a basis for the comparison of the bid proposals. It is agreed that the quantities given in this bid are assumed solely as a basis for the comparison of the bids. While the quantities are based on best estimates of the work to be performed during the term of this Contract, the City and the Applicant do not expressly or by implication agree that the actual amount of work will even approximately correspond herewith, and the they reserve the right to increase or diminish the amount of any class or portion of the work as it may deem necessary, without change of price per unit of quantity.
11. The successful bidder shall comply with all applicable Federal State and Local laws and regulations.
12. Purchases may be exempt from Federal excise taxes and bid prices must exclude any such taxes. Tax exemption certificates will be furnished upon request.
13. If so stated in the IFB the successful bidder will be required to furnish a performance and/or a labor and material payment bond, in an amount, in a form and with a surety satisfactory to the City. The bidder shall be responsible for the cost of the bond(s).
14. If the IFB requires bid surety, this surety shall be in the form of a cash, bid bond, cashier's check, treasurer's check, or certified check on a responsible bank, payable to the City of Newton, and must be filed with the original bid in the Office of the Purchasing Agent. Failure to do so will lead to rejection of bid. The bid surety will be returned to the successful bidder

within seven (7) days execution of awarded, and approval by the City of performance and/or payment bond(s). In case of default, the bid surety shall be forfeited to the City.

15. Verbal orders are not binding on the City or the Applicant and deliveries made or work done without formal Purchase Order or Contract are at the risk of the Contractor and may result in an unenforceable claim.
16. The Contractor shall agree to indemnify, defend and hold the City and Applicant harmless from any and all claims arising out of the performance of this contract.
17. "Or equal" - An item equal to that named or described in the specifications of the contract may be furnished by the Contractor and the naming of any commercial name, trademark or other identification shall not be construed to exclude any item or manufacturer not mentioned by name or as limiting competition but shall establish a standard of equality only. An item shall be considered equal to the item so named or described if (1) it is at least equal in quality, durability, appearance, strength and design; (2) it will perform at least equally the function imposed by the general design for the work being contracted for or the material being purchased; and (3) it conforms substantially, even with deviations, to the detailed requirements for the item in the specifications. The name and identification of all materials other than the one specifically named shall be submitted to the City in writing for approval, prior to purchase, use or fabrication of such items. Subject to the provisions of M.G.L., Ch. 30, Sec. 39M, approval shall be at the sole discretion of the City, shall be in writing to be effective, and the decision of the City shall be final. The City may require tests of all materials so submitted to establish quality standards at the Contractor's expense. All directions, specifications and recommendations by manufacturers for installation, handling, storing, adjustment and operation of their equipment shall be complied with; responsibility for proper performance shall continue to rest with the Contractor.

For the use of material other than the one specified, the Contractor shall assume the cost of and responsibility for satisfactorily accomplishing all changes in the work as shown. If no manufacturer is named, the Contractor shall submit the product he intends to use for approval of the Applicant.

Except as otherwise provided for by the provisions of M.G.L. c30, §39J, the Contractor shall not have any right of appeal from the decision of the Applicant rejecting any materials furnished if the Contractor fails to obtain the approval for substitution under this clause. If any substitution is more costly, the Contractor shall pay for such costs.

18. In the event that the City receives low bids in identical amount from two or more responsive and responsible Bidders, the City shall select the successful Bidder by a blind selection process such as flipping a coin or drawing names from a hat. The low Bidders who are under consideration will be invited to attend and observe the selection process.
19. Right To Know:
Any Contractor who receives an order or orders resulting from this invitation agrees to submit a Material Safety Data Sheet (MSDS) for each toxic or hazardous substance or mixture containing such substance, pursuant to M.G.L. c.111F, §§8, 9 and 10 and the regulations contained in 441 CMR §21.06 when deliveries are made. The Contractor agrees to deliver all containers properly labeled pursuant to M.G.L. c.111F, §7 and the regulations contained in 441 CMR §21.05. Failure to submit an MSDS and/or label on each container will place the Contractor in noncompliance with the purchase order. Failure to furnish MSDSs and/or labels on each container may result in civil or criminal penalties, including bid debarment and action to prevent the Contractor from selling said substances or mixtures containing said substances within the Commonwealth. All Contractors furnishing substances or mixtures subject to M.G.L. c.111F are cautioned to obtain and read the law and rules and regulations referred to above. Copies can be obtained from the State House Book Store, Secretary of State, State House, Room 117, Boston, MA 02133, (617-727-2834) for \$2.00 plus \$.65 postage.
20. Funds for the construction services procured hereby are provided through the federal programs designed to provide assistance to low and moderate income homeowners. Based on the amount of the contract, the Contractor will have to comply with one or more of the requirements of 24 CFR 135 of Section 3 of the Housing and Urban Development Act of 1968, 12 U.S.C. §17010.

FAILURE TO COMPLY WITH ALL APPLICABLE TERMS AND CONDITIONS COULD RESULT IN THE CANCELLATION OF YOUR CONTRACT

CONTRACT FORMS

The awarded bidder will be required to complete and submit documents substantially similar in form to the following.

These forms may need to be modified on account of changed circumstances, and are provided for informational purposes only.

NEWTON HOUSING REHABILITATION PROGRAM

OWNER CONTRACTOR AGREEMENT

THIS AGREEMENT made as of this ____ day of _____ by and between _____ (hereinafter the “**Contractor**”), and _____, (hereinafter the “**Owner**”), of _____.

WHEREAS, the Owner desires to engage the Contractor in rehabilitation work to _____ using financial assistance in the form of federal Community Development Block Grant funds provided by the Newton Community Development Authority, an organization duly constituted under Chapter 705 of the Acts of 1975, as amended acting by and through its Housing Program Manager and/or her designated staff but without personal liability to her or her staff (hereinafter the “**NCDA**”); and

WHEREAS, the Contractor has 60 days from the date the Housing Rehabilitation Construction Manager issues a Notice to Proceed or _____ to complete project funded work.

NOW, THEREFORE, the parties do mutually agree as follows:

1. Employment of Contractor.

The Owner hereby engages the Contractor to perform the services and supply the materials hereinafter set forth.

2. Scope of Services.

The Contractor shall perform all the services and furnish all the material necessary to make the improvements described in this Agreement for the aforesaid property.

3. Improvements.

The improvements to be made and/or constructed by the Contractor are set forth in **Exhibit A, Work Write Up dated** _____ attached hereto and specifically incorporated by reference herein.

4. Time for Performance.

The Contractor has ten (10) calendar days from the date the Notice to Proceed is issued to begin project work. All project work to be performed by the Contractor shall be completed in accordance with the approved **Work Write Up dated** _____, **Exhibit A**, attached hereto and specifically incorporated by reference herein, and provided to the Newton Housing Rehabilitation Program staff from the Contractor.

5. NCDA as Agent of the Owner; Notice to Proceed.

(a) The Contractor agrees and understands that the Owner has designated the NCDA and its staff as agent of the Owner in the administration of this Construction Agreement, including the issuance of any orders and changes, inspection of work, resolution of disputes, and processing of payment.

(b) The Contractor shall not commence work until receiving a written Notice to Proceed signed by the NCDA. The Notice to Proceed shall be issued not more than ten (10) days from the Contract Date of this Agreement.

6. Subcontractors.

The Contractor shall not be required to employ any Subcontractor against whom he has a reasonable objection. The Contractor agrees that he is fully responsible to the Owner for the acts and omissions of his Subcontractors and of persons either directly or indirectly employed by him. Nothing contained in the Agreement documents shall create any contractual rights or obligations between any Subcontractor and the Owner and/or the NCDA. The Contractor shall submit to the NCDA a complete list of Subcontractors, upon request.

7. Insurance and Indemnification.

The Contractor shall maintain such insurance as will protect him from claims under Workmen's Compensation Acts and other employee benefits acts, from claims for damages because of bodily injury, including death, and from claims for damages to property which may arise both out of and during operations under this Agreement, whether such operations be by himself or by any subcontractor or anyone directly or indirectly employed by either of them. General liability insurance protecting the Owner and the NCDA shall be written for not less than \$500,000 per occurrence for bodily injury to persons and not less than \$500,000 per occurrence for property damage. Certificates of insurance shall be filed with the NCDA prior to the commencement of work.

The Contractor shall defend, indemnify and hold harmless the Owner, the NCDA, and the City of Newton, and their respective officers and employees, from liability and claim for damages because of bodily injury, death, sickness, disease, property damage or loss and expense arising in whole or in part from any act or omission of the contractor, his sub contractor(s), or the employees, agents, or independent contractor(s) of either of them regardless of whether it is caused in part by any party indemnified hereunder from Contractor's operations under this Contract.

8. Changes.

All changes to this Agreement and Work Write Up shall be mutually agreed to in writing signed by the parties. Any changes not signed by all the parties to this Agreement shall be null and void.

9. Waiver of Liens.

The Contractor shall submit to the NCDA a waiver of all mechanics and material liens prior to final payment of the consideration set forth herein.

10. Compensation.

The Owner agrees to compensate the Contractor in the Compensation Amount of _____ for the services and the materials to be provided herein. **The City of Newton through the Newton Community Development Authority will provide a total of _____ to the Contractor for the satisfactory performance of work.**

11. Workmanship.

The work provided hereunder by the Contractor shall be executed as directed by the Work Write Up in the most sound, workmanlike and substantial manner; and all materials used in the construction, rehabilitation, renovating, remodeling, and improving shall be new unless otherwise expressly set forth in the specifications.

12. Defects after Completion.

The Contractor shall guarantee the work performed for a period of twelve (12) months from the date of final acceptance of all work required by the Agreement. Furthermore, the Contractor shall furnish the Owner, in care of the NCDA, with all manufacturers' and suppliers' written guarantees and warranties covering materials and equipment furnished under the Agreement. Any defects that appear within this twelve (12) month period and arise out of defective or improper materials or workmanship shall, upon direction of the Owner or NCDA, be corrected and made good by the Contractor at his expense.

13. Inspection of Work.

The NCDA shall at all times have access to the work. If the specifications, plans, instructions, laws, ordinances, or any public authority requires any work to be specifically inspected, tested or approved, the Contractor shall give the NCDA timely notice of its readiness for inspection and, if the inspection is by an authority other than the NCDA, the time fixed for such inspection. Inspections by the NCDA shall be promptly made. If any work should be covered up without approval or consent of the NCDA, it must, if required by the NCDA, be uncovered for examination at the Contractor's expense. If such work should be found not in accordance with this Agreement, including any incorporated plans and specifications, the Contractor shall pay costs of correcting the defective work; provided, however, if the Contractor can show that the defect was not caused by him or his subcontractors, then in that event, the Owner shall pay the cost of remedying such work.

14. Permits and Licenses.

All permits and licenses necessary for the completion and execution of the work shall be secured and paid for by the Contractor. If the Contractor observes that any drawings, plans and/or specifications are at variance with applicable laws, rules, ordinances, and/or regulations bearing on the conduct of the work, he shall promptly notify the NCDA in writing. Any necessary changes in project work shall be adjusted as provided for Section 8 of this Agreement. If the Contractor knowingly performs work contrary to such laws, ordinances, etc. and without notice to the NCDA, he shall bear all costs arising therefrom. All work shall be performed in conformance with applicable local codes and requirements whether or not covered by the specifications and drawings for the work.

15. Disputes.

All claims or disputes or matters in question between the Owner and Contractor arising out of, or relating to this Agreement or the breach thereof will be decided by arbitration in accordance with the Construction Industry Arbitration Rules of the American Arbitration Association then obtaining or other alternative forms of dispute resolution or mediation acceptable to both parties, unless the parties mutually agree otherwise

No demand for arbitration of any such claim, dispute or other matter may be made until the matter has been submitted, by either party, to the NCDA for the NCDA's recommendation for resolution, and either (a) the NCDA has rendered its written recommendation or (b) fifteen (15) business days have passed since the NCDA's receipt of such submission. If the NCDA renders such a written recommendation, even if rendered

after arbitration proceedings have been initiated, such recommendation may be entered as evidence in the arbitration, but will not supersede the arbitration proceedings.

Notice of the demand for arbitration will be filed in writing with the American Arbitration Association and with the other party to the claim, dispute or other matter in question, provided however, that any such demand for arbitration of any such claim, dispute or other matter in question must be made within a reasonable time after the claim, dispute or other matter in question has arisen, and in no event shall any such demand be made after the date when institution of legal or equitable proceedings based on such claim, dispute or other matter in question would be barred by the applicable statute of limitation.

No arbitration arising out of or relating to this Agreement shall include, whether by consolidation, joinder or in any other manner, as a party the NCDA, the City of Newton or the agents, employees or officials of either.

The award rendered by the arbitrators will be final and judgment may be entered upon it in any court having jurisdiction thereof.

The arbitrators may assess costs of arbitration and/or attorney's fees in favor of either party at the discretion of the arbitrators in accordance with said rules of the American Arbitration Association.

16. Equal Employment Opportunity.

During the performance of this Agreement, the Contractor agrees as follows:

(a) The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, or national origin. The Contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, creed, color, or national origin. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices that may be provided by the NCDA.

(b) The Contractor will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, creed, color, or national origin.

(c) The Contractor will cause the foregoing provisions to be inserted in all subcontracts for any work covered by this Agreement so that such provisions will be binding upon each subcontractor provided that the foregoing provisions shall not apply to contracts or subcontracts for standard commercial supplies or raw materials.

17. Compliance with Federal Law.

The parties to this Agreement agree to comply with the provisions of federal law, SECTION 3 OF HOUSING AND URBAN DEVELOPMENT ACT OF 1968, attached hereto as Exhibit B, and specifically incorporated by reference.

18. Executive Order 11246.

If the sum to be charged for the work is more than \$10,000, the Contractor further agrees to comply with the provisions of EXECUTIVE ORDER 11246 OF SECRETARY OF LABOR: CONTRACTOR'S AGREEMENTS, attached hereto as Exhibit C, and specifically incorporated by reference.

19. Non-Liability of the NCDA.

The Contractor and Owner agree to hold the NCDA and the City of Newton harmless for any damages concerning the undertaking and execution of this Agreement.

20. Default.

In case of default by the Contractor, the Owner and the NCDA may procure the articles or services from other sources and hold the Contractor responsible for any excess cost occasioned thereby.

21. Termination.

In case the Contractor fails to furnish materials or execute work in accordance with the provisions of this Agreement or fails to proceed with or complete the work within the time limit specified in this Agreement or if the provisions of the Agreement are otherwise violated by the Contractor, then in any such case upon passage of ten (10) days after service of written notice, the violation shall cease or satisfactory arrangements shall be made for its correction; otherwise the Contractor, by written notice may be declared in default and his right to proceed under the Agreement terminated. In the event the Contractor is thus declared to be in default, the Owner, and the NCDA will proceed to have the work completed, shall apply to the cost of having the work completed any money due the Contractor under the Agreement, and the Contractor shall be responsible for any damages resulting to Owner by reason of said default.

22. Notice.

Notices to be given by the Owner or the NCDA to the Contractor shall be considered given for the purpose of this Agreement if mailed by regular mail to the Contractor's address. Notices to be given by the Owner or Contractor to the NCDA shall be considered given for the purpose of this Agreement if mailed by regular mail to the City of Newton, Planning and Development Department, 1000 Commonwealth Avenue, Newton, MA 02459. Notices to be given by the Contractor or the NCDA to the Owner shall be considered given for the purpose of this Agreement if mailed by regular mail _____

23. Assignment.

The Contractor shall not assign the Agreement without prior written consent of the Owner and the NCDA.

24. Contractor to Keep Premises Clean.

The Contractor shall keep the premises clean and orderly during the course of the work and shall remove all debris upon completion of the work. Materials and equipment that have been removed and replaced as part of the work shall belong to the Contractor.

25. Access to Utilities.

The Owner shall permit the Contractor to use at no cost existing utilities such as light, heat, power, and water necessary to the carrying out and completion of the work.

26. Cooperation.

The Owner shall cooperate with the Contractor to facilitate the performance of the work, including the removal and replacement of rugs, coverings, and furniture, as necessary.

27. Conflict of Interest.

No officer, employee or official of the City of Newton or of the NCDA shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or other business for profit, or association in which he or she is, directly or indirectly interested or has any personal or primary interest, direct or indirect.

SIGNATORIES

IN WITNESS WHEREOF the parties hereto have executed this Agreement in duplicate as of the date written above, in the City of Newton, Middlesex County, Massachusetts.

OWNER:

Witness

CONTRACTOR:

By:

Witness

EXHIBIT A

Work Write Up (see Attachment A)

EXHIBIT B

SECTION 3 OF HOUSING AND URBAN DEVELOPMENT ACT OF 1968

A. The improvements hereunder are funded by federal financial assistance from the U.S. Department of Housing and Urban Development. As such, the improvements are subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968 as amended, 12 U.S.C. 170. Section 3. The purpose of Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (section 3) is to ensure that employment and other economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, and consistent with existing Federal, State and local laws and regulations, be directed to low- and very low-income persons, particularly those who are recipients of government assistance for housing, and to business concerns which provide economic opportunities to low- and very low- income persons. **For the purposes of this Agreement, a low- income household of one means a household whose income does not exceed \$33,050, a moderate-income household of one means a household whose income does not exceed \$47,150.**

B. The parties to this Agreement will comply with the provisions of the Act and the regulations issued pursuant thereto by the Secretary of Housing and Urban Development, and all applicable rules and orders of HUD. The parties agree that they are under no contractual or other obligation that would prevent compliance with these the Act.

C. The Contractor agrees to send to each labor organization or representative of workers with which he has a collective bargaining agreement or other contract a notice that notifies the organization or workers representative of the Act. The Contractor further agrees to post copies of the notice in conspicuous places available to employees and applicants for employment and training.

D. The Contractor shall ensure that references to the applicable sections of the Act are in every subcontract in connection with the project. The Contractor agrees to take appropriate action, including legal action, in the event the subcontractor is in violation of 24 CFR 135. The Contractor shall not subcontract with any subcontractor where there is notice or actual knowledge that the subcontractor is in violation of the Act.

E. Compliance with the provisions of Section 3, the regulations set forth in 24 CFR 135, and all applicable rules and orders of the Department issued thereunder prior to the execution of the contract shall be a condition of the Federal financial assistance provided to the project, binding upon the applicant or recipient for such assistance, his successors, and assigns. Failure to fulfill these requirements shall subject the applicant or recipient, his contractor and subcontractors, his successors, and assigns to those sanctions specified by the grant or loan agreement or contract through which Federal assistance is provided, and to such sanctions as are specified by 24 CFR 135.

EXHIBIT C

EXECUTIVE ORDER 11246 OF SECRETARY OF LABOR: CONTRACTOR'S AGREEMENTS

- A. The Contractor shall comply with all provisions of Executive Order 11246 of September 24, 1965, and the rules, regulations, and relevant orders of the Secretary of Labor. Section 202 of the provisions of Executive Order 11246 of Sept. 24, 1965, appear at 30 FR 12319, 12935, 3 CFR, 1964 - 1965 Comp., p. 339.
- B. In the event of the Contractor's noncompliance with the Executive Order, or with any related rules, regulations, or orders, this Agreement may be canceled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further Government contracts.
- C. All Government contracting agencies shall include in every Government contract hereafter entered into the following provisions:

During the performance of this contract, the contractor agrees as follows:

- (1) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.
- (2) The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex or national origin.
- (3) The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer, advising the labor union or workers' representative of the contractor's commitments under Section 202 of The provisions of Executive Order 11246 of Sept. 24, 1965, appear at 30 FR 12319, 12935, 3 CFR, 1964 - 1965 Comp., p. 339, unless otherwise noted.

CERTIFICATE OF AUTHORITY - CORPORATE

1. I hereby certify that I am the Clerk/Secretary of _____
(insert full name of Corporation)
2. corporation, and that _____
(insert the name of officer who signed the **contract and bonds.**)
3. is the duly elected _____
(insert the title of the officer in line 2)
4. of said corporation, and that on _____
(insert a date that is ***ON OR BEFORE*** the date the officer signed the **contract and bonds.**)

at a duly authorized meeting of the Board of Directors of said corporation, at which all the directors were present or waived notice, it was voted that

5. _____ the _____
(insert **name** from line 2) (insert **title** from line 3)

of this corporation be and hereby is authorized to execute contracts and bonds in the name and on behalf of said corporation, and affix its Corporate Seal thereto, and such execution of any contract of obligation in this corporation's name and on its behalf, with or without the Corporate Seal, shall be valid and binding upon this corporation; and that the above vote has not been amended or rescinded and remains in full force and effect as of the date set forth below.

6. ATTEST: _____ *AFFIX CORPORATE*
(Signature of **Clerk or Secretary**)* *SEAL HERE*
7. Name: _____
(Please print or type name in line 6)*
8. Date: _____
(insert a date that is ***ON OR AFTER*** the date the officer signed the **contract and bonds.**)

* The name and signature inserted in lines 6 & 7 must be that of the Clerk or Secretary of the corporation.

CERTIFICATION OF TAX COMPLIANCE

The undersigned acting on behalf of the Contractor certifies under the penalties of perjury that the Contractor is in compliance with all laws of the Commonwealth relating to taxes including payment of all local taxes, fees, assessments, betterments and any other local or municipal charges (unless the Contractor has a pending abatement application or has entered into a payment agreement with the entity to which such charges were owed), reporting of employees and contractors, and withholding and remitting child support.*

**Signature of Individual
or Corporate Contractor (Mandatory)

Print Name: _____

By: _____
Corporate Officer
(Mandatory, if applicable)

Print Name: _____

*** Contractor's Social Security Number
(Voluntary) or Federal Identification Number

Date: _____

* The provision in this Certification relating to child support applies only when the Contractor is an individual.

** Approval of a contract or other agreement will not be granted until the City receives a signed copy of this Certification.

*** Your social security number may be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Providers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed, or extended.

NEWTON COMMUNITY DEVELOPMENT AUTHORITY

SCOPE OF SERVICES

GENERAL REHABILITATION AND DELEADING CONSTRUCTION SERVICES

**RE: John Malcolm
184 East Side Parkway
Newton, Massachusetts**

1.0 Scope

- 1.1 Newton Community Development Authority, on behalf of the above-referenced applicant (Applicant) is accepting bids for construction services per the bid list attached. All bids must be submitted in the manner and form prescribed by the Specifications which control award of the contract. Bid award will be made to the lowest responsive and responsible bidder for all line items based on Grand Total. Any bidder not providing prices for all line items may be deemed non-responsive and therefore rejected.
- 1.2 Applicant intends to enter into a contract for services for construction services beginning upon contract execution and extending through project completion. These services are needed to for improvement to the above referenced Project.

2.0 Description and Quality

- 2.1 Wherever items are specified by trade name, manufacturer, or dealer's catalog number, or by any other reference, it shall be taken to mean the items as this described or any other item equal thereto in quality, finish, durability, compatibility, safety and serviceability for the purpose for which it is intended. If an alternate item is being proposed, the bidder shall so indicate by providing a full description of the proposed substitute as well as provide data sheets, catalog cuts, performance and test data, and any other information which will support or otherwise prove equality; such proof rests entirely with the bidder. When the bidder does not state the brand, it is understood that the offer is exactly as specified. Final decisions concerning the quality of items, other than those specifically designated, is to rest with the Applicant whose determination shall be final and conclusive. Vendors shall guarantee quality control of all goods at no additional cost to the Applicant. Samples shall be furnished free-of-charge upon request and may be retained for future comparisons. Samples and literature must be provided within three (3) days after the request.
- 2.2 The use of environmentally preferable products is encouraged, i.e., products or services that have a lesser or reduced effect on human health and the environment when compared with competing products or services that serve the same purpose. This comparison may consider raw materials acquisition, production, manufacturing, packaging, distribution, reuse, operation, maintenance or disposal of the product or service: 1) emphasis on multiple environmental considerations such as recycled content, energy and water efficiency, renewable resource use and toxicity considerations rather than any single environmental feature; 2) evaluation of environmental impacts throughout the life cycle of the product which includes impacts during the manufacture, use and disposal of the product; and 3) recognition of cost and performance remain critical factors in all purchasing decisions.
- 2.3 Material Safety Data Sheets must be forwarded to the Newton Community Development Authority within thirty (30) days after the bid award. All products must be properly labeled with the product name, manufacturer's name, address and emergency telephone number, ingredients, cautions, warnings, hazard rating and first aid.

3.0 Delivery of Services

- 3.1 Services shall be provided promptly from the time an order is placed via on-line, telephone or email. An exception is only allowed with pre-approval in writing by an authorized employee.
- 3.2 Services shall be provided during normal business hours, Monday through Friday.
- 3.3 The equipment used in the transportation and delivery of supplies procured shall be maintained in a sanitary condition at all times. The equipment shall be subject to unannounced inspections at any time. All vehicles must turn off their engines while services are being provided.

4.0 Payment

- 4.1 Invoices shall be billed to Planning and Development Attn: Doug Desmarais, Housing Rehab/Construction Manager, City of Newton 1000 Commonwealth Avenue, Newton, Massachusetts 02459, or via email ddesmarais@newtonma.gov.
- 4.2 Invoices must be in duplicate, by department, including the a) purchase order number, b) department name, c) item number, d) quantities, e) description, f) unit price and g) totals.

END OF SECTION

BIDDER QUALIFICATION CERTIFICATE
184 EAST SIDE PARKWAY, NEWTON MA IFB #15-02

To: Newton Community Development Authority (Authority)

Reference is made to the above Invitation for Bid (IFB). This Certificate is required to be eligible for consideration under the IFB. Accordingly the undersigned hereby certifies that it has either (1) provided the following to the Authority which is currently in effect or (2) attached the following to this Certificate, which attachment are incorporated herein:

1. Copy of Unrestricted MA Construction Supervisor License.
2. Copy of MA Home Improvement Contractor Registration.
3. Copy of MA RRP Firm Certification.
4. Copies of RRP certification For Workers.
5. Copy of MA Deleader Contractor License.
6. Copies of MA Deleader Supervisors Licenses for all employees.
7. Copies of MA Deleader workers License for all employees.
8. At least 3 referrals for jobs over \$8,000.00
9. Corporate name as it appears on Secretary of State's William Francis Galvin website for all corporations and LLCs.
10. Business certificate for all DBAs. List name and title of all authorized signatories
11. Proof of insurance pertaining to General Liability and Property Damage, in amounts not less than set forth below:
 Commercial General Liability - (Bodily Injury, including accidental death)
 \$1,000,000 per occurrence and (Property Damage) \$1,000,000 per occurrence.
12. Proof of Workers Compensation insurance – MA Statutory Requirements.

The undersigned certified further that in the event that it is the successful bidder or quoter, it will provide a certificate(s) of insurance coverage of the types and amounts required. The City of Newton shall be named in such policies as additional insured on said coverage and shall be a certificate holder thereof. The undersigned agrees also to contact its insurance company (ies) so that they notify the certificate holders of any reduction or cancellation of the insurance at least thirty (30) days prior to the effective date of such reduction or cancellation.

The undersigned acknowledges that if it does not have a current Deleaders Contractors' license, it will not be able to bid or quote on the lead abatement portion of any projects.

_____(Name of Bidder)

By:_____

Date:_____

Questions to regarding completion of this Certificate:

Doug Desmarais 617-796-1148

Housing Rehabilitation/Construction Manager

1000 Commonwealth Ave., Newton, MA 02459

Email: ddesmarais@newtonma.gov

Fax: 617-796-1142 Attn: Doug Desmarais



Setti D. Warren
Mayor

City of Newton, Massachusetts
Department of Planning and Development
1000 Commonwealth Avenue Newton, Massachusetts 02459

Telephone
(617) 796-1120
Telefax
(617) 796-1142
TDD/TTY
(617) 796-1089
www.newtonma.gov

Candace Havens
Director

NEWTON HOUSING REHABILITATION PROGRAM
1000 Commonwealth Avenue
Newton, MA 02459
617-796-1148

CONTRACTOR APPLICATION
(General Contractor)

Name of Contractor: _____

Name of Business (If different): _____

Business Address: _____

Email address: _____

Home Address: _____

Home Phone: _____ Business: _____ Cell: _____

Email Address: _____

Number of years in business: _____

Federal ID or Social Security Number: _____

Types and Limit of Insurance:
(Please indicate carrier, limits and policy # (s))

Customer reference: (property owners for whom you have recently completed work for in excess of \$8,000.00).

Customer _____ Phone _____

Address _____

Type of Job _____

Customer _____ Phone _____

Address _____

Type of Job _____

Customer _____ Phone _____

Address _____

Type of Job _____

Have you ever been debarred or has your Contractor's License ever been revoked?

If yes, give details:

Have subcontractors, suppliers or customers sued any member (s) of the firm within the past three years?

If yes, give details:

I certify that all information in this statement, and all information furnished in support of this statement, is true and complete to the best of my knowledge and belief:

Signature

Date

Title

ATTACHMENT A

**SPECS BY LOCATION TRADE
(Rehab & Lead)**

**John Malcolm
184 East Side Parkway
Newton, Massachusetts**

IFB #15-02

SPECS BY LOCATION/TRADE

6/16/2014

Pre-Bid Site Visit: 7/10/2014 10:30:00AM

Case Number: 35

Bidding Open Date: 7/10/2014 11:00:00AM

Project Manager: Doug Desmarais

Bidding Close Date: 7/24/2014 11:30:00AM

Phone: 617-796-1148

Initial: _____

Address: 184 East Side Parkway (REHAB)	Unit: Unit 01
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Location: 1 - General Requirements	Approx. Wall SF: 0	Ceiling/Floor SF: 0
---	---------------------------	----------------------------

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1 General Requirements					
10	OWNER ACCEPTS SCOPE OF WORK The undersigned applicant(s) certifies that he/she has participated in the development of this Work Write Up (WWU). After careful review, the applicant understands and accepts the work described on each page of this WWU. X _____ X _____ Applicant Date Applicant Date	1.00	GR	n/a	n/a
14	CONTRACTOR ACCEPTS SCOPE OF WORK The undersigned contractor certifies that he/she has carefully reviewed the work described in this Work Write Up (WWU) and agrees to perform the work described on each page of this WWU. X _____ Contractor Date	1.00	GR	n/a	n/a
24	MANUFACTURER'S SPECS AND MA CODE PREVAIL All materials shall be installed in full accordance with the manufacturer's specifications for working conditions, surface preparation, methods, protection and testing. All work performed will be equal to or greater than the MA state building code requirements.	1.00	GR	n/a	n/a
30	WALL NAMING PROTOCOLS Walls and attached components shall be identified with the letters A, B, C & D. Wall A is always the wall that is closest to the address elevation or the "street side" of the house. Moving clockwise, the walls are then B, C, D.	1.00	EA	n/a	n/a
31	CONSTRUCTION DEFINITIONS "Install" means to purchase, set up, test and warrant a new component. "Replace" means to remove and dispose of original material, purchase new "like" material, deliver, install, test and warrant. "Repair" means to return a building component to like new condition through replacement, adjustment and recoating of parts. "Reinstall" means to remove, clean, store and install a component. The following pertain to Deleading specs. SCR = scrape, MI = make intact, OSC = outside corner, AB5' = above five feet, REP = replace, REM = remove, COV = cover, ENC = encapsulate, DR = door, WIN = window, CAB = cabinet	1.00	GR	n/a	n/a
35	VERIFY QUANTITIES/MEASUREMENTS All projects are awarded by using the Address Grand Total only. All other Quantities/Measurements stated in the attached Work	1.00	GR	n/a	n/a

Page 1 of 7

Address: 184 East Side Parkway (REHAB)		Unit: Unit 01	
Location:	1 - General Requirements	Approx. Wall SF: 0	Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1	General Requirements				
	Write Up for this address are in-house estimates for informational purposes only. All quantities/measurements (shall be verified by the contractor) at a mandatory site inspection prior to bid/quote submission. Claims by either the property owner or the contractor for a change in funds due to discrepancies in quantities/measurements in the attached Work Write Up will not be honored.				
40	ALL PERMITS REQUIRED The contractor shall apply for, pay for, and obtain all the necessary permits including (if applicable) 10 day Deleading notices and Asbestosis Abatement prior to the start of any job. Final payment will not be released until all required permits have been signed off on by the proper inspector.	1.00	GR	n/a	n/a
45	CONTRACTOR PRE-QUOTE/BID SITE VISIT The contractor must inspect the property on day, date, and time determined by quote/bid invite only. No quotes/bids will be accepted from absentee contractors. Submission of a quote/bid is presumptive evidence that the contractor has thoroughly examined the site and is conversant with the requirements of the local jurisdiction. This Work Write Up (WWU) will serve as the quote/bid packet. When returning quotes/bids, all unit price and total price must be filled out in order to be considered a responsible quote/bid. Quotes/bids will be awarded by using the address grand total. The contractor is responsible for mathematical accuracy. These specs are intended to provide the basis for proper completion of the work suitable for the intended use of the owner. Anything not expressly set forth but is reasonably implied or necessary for proper performance of the project shall be included.	1.00	GR	n/a	n/a
77	NEW MATERIALS REQUIRED All materials used in connection with this Work Write Up (WWU) are to be new, of first quality and without defects - unless stated otherwise or pre-approved by Owner and Construction Manager. Unless otherwise specified in this WWU, the following materials are to be utilized. 1. DOORS: Exterior entry doors shall be "Thermatrue", "Stanley", (or approved equal) 4 panel fiberglass foam filled door with a lite design as specified. Exterior doors shall be drilled for specified lock (see hardware). Interior doors shall be replaced with similar type and style (solid, panel style etc...) No hollow core doors will be accepted. (see hardware for lockset type). Garage doors shall be Clopay or approved equal. Bulkhead doors shall be Bilco or approved equal. 2. HARDWARE: Exterior doors to have Schlage keyed passage with deadbolt. Doors to be keyed alike. Bedrooms and bathrooms are to have Schlage privacy passage sets. Closets to have Schlage passage sets. Owner to specify finish: Brass, antique brass, satin nickel, nickel, bronze, etc... 3. VINYL SIDING: Vinyl siding to be Certain Teed Main Street or approved equal	1.00	GR	n/a	n/a

Address: 184 East Side Parkway (REHAB)		Unit: Unit 01			
Location: 1 - General Requirements		Approx. Wall SF: 0		Ceiling/Floor SF: 0	
Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1	General Requirements				
	<p>(.042") on all exterior walls, including porches. Solid or perforated vinyl soffit (depending on venting requirements) (.038") panels under eaves.</p> <p>4. WINDOWS: All replacement windows to have a U factor and SHGC of .30 or lower, such as Harvey Classic, Norandex Viewpoint 5000 Series, or MI 1555 series with matching grids and aluminum half screens. Use obscure glass in bathrooms. Cellar windows will be either sliding, hopper, or awning according to specs. Tempered glass to be used whenever MA code Dictates.</p> <p>5. Paint: All paints shall be Sherwin Williams or Benjamin Moore low VOC paints. Owner to pick color and finish.</p> <p>6. Trim: All woodwork being replaced shall be replaced with like material and profile.</p>				
78	WORKMANSHIP STANDARDS All work shall be performed by mechanics both licensed and skilled in their particular trade as well as the tasks assigned to them. Workers shall protect all surfaces as long as required to eliminate damage and will be held responsible for any damage caused by them.	1.00	GR	n/a	n/a
120	FINAL CLEAN Remove from site all construction materials, tools and debris. Sweep clean all exterior work areas. Vacuum and mop all interior work areas, removing all visible dust, stains, labels and tags. Final payment will not be released until property is cleaned and passes visual and dust wipes clearance. On rehab jobs a letter of Interim control needs to be issued. On Lead jobs a letter of Full Deleading Compliance needs to be issued.	1.00	GR		
9020	LEAD PAINT REGULATIONS & RRP REQUIREMENTS ON FEDERALLY FUNDED PROJECTS Any contractor performing renovation, repair, and painting projects that disturb lead-based paint in pre-1978 homes must comply with EPA 40 CFR Part 745 (Lead; Renovation, Repair, and Painting Program), be certified in MA as a EPA Renovation Firm and must use Certified Renovators who are trained by EPA-MA approved training providers to follow lead-safe work practices. Per HUD Regulation 24 CFR Part 35: the contractor must conform to the Lead-based paint requirements for rehabilitation in the appropriate category listed below, based on the amount of rehabilitation assistance provided. 1. When the Federal Rehabilitation Assistance is \$.01 to \$4,999 per unit: a. The Contractor shall implement safe work practices during rehabilitation work in accordance with Sec. 35.1350 and repair any paint that is disturbed. b. After completion of any rehabilitation disturbing painted surfaces, each work site must pass a clearance examination in accordance with Sec. 35.1340. 2. When the Federal Rehabilitation Assistance is \$5,000 to \$24,999 per unit: a. The contractor shall perform interim controls, in accordance	1.00	GR	n/a	n/a

Page 3 of 7

Address: 184 East Side Parkway (REHAB)		Unit: Unit 01	
Location:	1 - General Requirements	Approx. Wall SF: 0	Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1	General Requirements				
	with Sec. 35.1330, of all identified or presumed lead-based paint hazards. b. The contractor shall implement safe work practices during rehabilitation work in accordance with Sec. 35.1350, and repair any paint that is disturbed. c. The entire unit shall pass a clearance examination in accordance with Sec. 35.1340. 3. When the Federal Rehabilitation Assistance is equal to or more than \$25,000 per unit: a. A Deleading contractor shall abate all identified or presumed lead-based paint hazards in accordance with Sec. 35.1325. b. The contractor shall implement safe work practices during rehabilitation work in accordance with Sec. 35.1350 and repair any paint that is disturbed. c. The entire unit shall pass a clearance examination in accordance with Sec. 35.1340.				

Location Total: _____

Location:	2 - Exterior	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 6	Concrete & Paving				
920	CONCRETE REPAIR--OVERLAY On rear stoop, remove portions of deteriorating concrete to solid surface or 1/2" minimum depth. Clean, acid wash and thoroughly rinse area. Apply a latex bonding agent per the manufacturer's specs. Resurface with a patching cement mixture. Finish to match surrounding surface.	9.00	SF	_____	_____

Trade: 7	Masonry				
1330	CHIMNEY--REPOINT Repair chimney above roof area by cutting out mortar at least 1/2", removing all loose material, and repointing using portland cement mortar. Saturate joints with water before applying mortar. Match color as closely as possible. Replace all missing and defective materials with matching materials. Clean mortar and other debris from adjoining surfaces and gutter.	9.00	SF	_____	_____
1340	CHIMNEY CAP Cement in place an aluminum chimney cap with screened sides to top of chimney flue.	1.00	EA	_____	_____

Location Total: _____

Location:	3 - Basement	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	Environmental Rehab				

Page 4 of 7

Address: 184 East Side Parkway (REHAB)		Unit: Unit 01	
Location:	3 - Basement	Approx. Wall SF: 0	Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9 Environmental Rehab					
2070	ASBESTOS--REMOVAL Secure & isolate room, provide protective floor coverings when not removing floor tile. Pre-treat surface with wetting agent then remove "Snowman Boiler" and all asbestos needed to be able to replace "snowman boiler", send to a code legal hazardous waste site. Provide worker protection including whole body coveralls, respirators, & decontamination area. Dispose of asbestos in clearly identified disposal drums & HEPA vacuum entire area. Clean area until clearance test levels are acceptable.	1.00	RM		

Trade: 21 HVAC					
6244	BOILER--HIGH EFFICIENCY 92+-- REPLACE Use the most recent version of the Air Conditioning Contractors of America (ACCA) Manual J residential load calculation tool. http://www.acca.org/tech/manualj/ (calculate the load with manual J based on the post rehab building envelope), and use the most recent version of ACCA's Manual S for equipment selection. Provide both Manual J and S reports to the Owner for review and approval prior to installation. After old boiler is removed, replace existing boiler with a high efficiency gas Fired, modulating, direct vent (optional), hot water boiler. Boiler to have a AFUE rating of at least 92%. Install boiler, connected to the distribution piping and baseboard convectors that service the entire house. Installation to include all power and control wiring, a set back thermostat with separate weekday and weekend programs, 4 settings per day, a vacation hold feature and a lighted digital display such as the Lux Model Psp511LC, expansion tank, one circulation pump per zone, water and gas supply and flue piping. The installation is required to maintain a minimum 70 F indoor temperature when outdoor temperature is -10 F. Min.	1.00	EA		

Location Total: _____

Location: 4 - Living Room		Approx. Wall SF: 0		Ceiling/Floor SF: 0	
Spec #	Spec	Quantity	Units	Unit Price	Total Price

Trade: 10 Carpentry					
3184	DOOR -- PREHUNG ENTRANCE -- ENERGY STAR Dispose of existing door and frame. Replace entrance door with a ENERGY STAR certified, insulated, prehung fiberglass door, with peep hole, a locking passage set and double cylinder dead bolt keyed to match the deadbolts of other exterior doors. Include interior and exterior casing, three 4"x 4" butt hinges, weatherstripping, and interlocking threshold. Prime and topcoat with owner's choice of color and finish. Door to have a price allowance of \$600.00.	1.00	EA		

Location Total: _____

Address: 184 East Side Parkway (REHAB)	Unit: Unit 01
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Location: 5 - Rear Hall	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
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Trade: 10 Carpentry

3184	DOOR -- PREHUNG ENTRANCE -- ENERGY STAR Dispose of existing door and frame. Replace entrance door with a ENERGY STAR certified, insulated, prehung fiberglass door, with peep hole, a locking passage set and double cylinder dead bolt keyed to match the deadbolts of other exterior doors. Include interior and exterior casing, three 4"x 4" butt hinges, weatherstripping, and interlocking threshold. Prime and topcoat with owner's choice of color and finish. Door to have a price allowance of \$600.00.	1.00	EA		
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Location Total: _____

Location: 6 - Entire Interior	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
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Trade: 21 HVAC

6281	STEAM BOILERS-BALANCE RADIATORS Balance all radiators in entire unit including by replacing any defective steam vents and adjusting all vents so all radiators heat up evenly. Install/replace vent in the main steam line if needed.	8.00	EA		
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Trade: 23 Electric

7805	SMOKE/CO DETECTOR--BATTERY POWERED Install/replace a UL approved, ceiling mounted, battery powered smoke, fire, and CO detectors with batteries, to include unit (One per bedroom) and basement (one near boiler and one near washer/dryer).	5.00	EA		
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Location Total: _____

Location: 7 - Attic	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
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Trade: 10 Carpentry

2982	WINDOW--VINYL--LOW E FIXED DBL GLZ ENERGY STAR Using Lead safe work practices dispose of old window (including storm and storm frame). HEPA vacuum any paint chips, dust and debris. Field measure and install a vinyl, matching grid, fixed, double glazed, argon filled Low E window that meets the ENERGY STAR standards with a U value and SHGC of 3.0 or lower. Be sure to insulate between window frame and sash. Make intact and paint exterior blind stop to match. Make intact, caulk and touch up interior paint to match.	1.00	EA		
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Location Total: _____

Page 6 of 7

Unit Total for 184 East Side Parkway (REHAB) , Unit Unit 01: _____

ddress Grand Total for 184 East Side Parkway (REHAB) : _____

Bidder: _____

SPECS BY LOCATION/TRADE

6/16/2014

Pre-Bid Site Visit: 7/10/2014 11:30:00AM
 Bidding Open Date: 7/10/2014 11:00:00AM
 Bidding Close Date: 7/24/2014 11:30:00AM

Case Number: 36
 Project Manager: Doug Desmarais
 Phone: 617-796-1148

Initial: _____

Address: 184 East Side Parkway (LEAD)	Unit: Unit 01
Location: 1 - General Requirements	Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1	General Requirements				
7	GREEN COMMUNITIES INITIATIVE-GEN REQ This project is designed to meet the 2011 Enterprise Green Communities (EGC) Criteria created by Enterprise Community Partners. The EGC Criteria may be found at http://www.greencommunitiesonline.org/tools/criteria/ . The following requirements and other requirements described in specifications must be strictly adhered to: 1. All paints and primers must meet the Green Seal G-11 Environmental Standard http://www.greenseal.org/certification/standards/paints.cfm 2. Adhesives must comply with Rule 1168 of the South Coast Air Quality Management District. - http://www.aqmd.gov/rules/reg/reg11/r1168.pdf 3. All caulks and sealants, including floor finishes, must comply with regulation 8, rule 51, of the Bay Area Air Quality Management District http://www.baaqmd.gov/dst/regulations/rg0851.pdf and may not exceed 250 grams of VOC per liter of coating as thinned to the manufacturer's maximum recommendation, excluding the volume of any water, exempt compounds, or colorant added to the tint bases. 4. All composite wood (particleboard, MDF, etc.) and plywood comply with California 93120 (formaldehyde content) or all exposed edges must be sealed with a low-VOC sealant.	1.00	GR	n/a	n/a
9	ENVIRONMENTAL REHAB 1. Use this work write up (WWU) in conjunction with the lead report. 2. This spec DOES include interior painting, only to make paint ready (fill nail holes, caulking, sand all joint compound, etc...) 3. Exterior to be spot painted with 2 coats of self priming paint, color to match as close as possible to existing paint. 4. All rotted wood to be replaced prior to painting. 5. Use like profile on all trim being replaced. 6. Window and door headers do not need to be replaced if casings can be matched 100%. 7. All interior surfaces being scraped will be to the full height of component. All outside corners being scraped will be scraped 4" in and 5' up then feather sanded. If outside corner is sheetrock, after scraping to 5', compound or fill with sheetrock as needed, sand and make paint ready. All exterior surfaces being scraped will be scraped to full height and then sanded. 8. Outside corners being covered will be covered with pine header stock only.	1.00	GR	n/a	n/a

Address: 184 East Side Parkway (LEAD)		Unit: Unit 01			
Location: 1 - General Requirements		Approx. Wall SF: 0		Ceiling/Floor SF: 0	
Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1	General Requirements				
10	OWNER ACCEPTS SCOPE OF WORK The undersigned applicant(s) certifies that he/she has participated in the development of this Work Write Up (WWU). After careful review, the applicant understands and accepts the work described on each page of this WWU. X _____ X _____ Applicant Date Applicant Date	1.00	GR	n/a	n/a
14	CONTRACTOR ACCEPTS SCOPE OF WORK The undersigned contractor certifies that he/she has carefully reviewed the work described in this Work Write Up (WWU) and agrees to perform the work described on each page of this WWU. X _____ Contractor Date	1.00	GR	n/a	n/a
24	MANUFACTURER'S SPECS AND MA CODE PREVAIL All materials shall be installed in full accordance with the manufacturer's specifications for working conditions, surface preparation, methods, protection and testing. All work performed will be equal to or greater than the MA state building code requirements.	1.00	GR	n/a	n/a
30	WALL NAMING PROTOCOLS Walls and attached components shall be identified with the letters A, B, C & D. Wall A is always the wall that is closest to the address elevation or the "street side" of the house. Moving clockwise, the walls are then B, C, D.	10.00	EA	n/a	n/a
31	CONSTRUCTION DEFINITIONS "Install" means to purchase, set up, test and warrant a new component. "Replace" means to remove and dispose of original material, purchase new "like" material, deliver, install, test and warrant. "Repair" means to return a building component to like new condition through replacement, adjustment and recoating of parts. "Reinstall" means to remove, clean, store and install a component. The following pertain to Deleading specs. SCR = scrape, MI = make intact, OSC = outside corner, AB5' = above five feet, REP = replace, REM = remove, COV = cover, ENC = encapsulate, DR = door, WIN = window, CAB = cabinet	1.00	GR	n/a	n/a
35	VERIFY QUANTITIES/MEASUREMENTS All projects are awarded by using the Address Grand Total only. All other Quantities/Measurements stated in the attached Work Write Up for this address are in-house estimates for informational purposes only. All quantities/measurements (shall be verified by the contractor) at a mandatory site inspection prior to bid/quote submission. Claims by either the property owner or the contractor for a change in funds due to discrepancies in quantities/measurements in the attached Work Write Up will not be honored.	1.00	GR	n/a	n/a
40	ALL PERMITS REQUIRED	1.00	GR	n/a	n/a

Address: 184 East Side Parkway (LEAD)	Unit: Unit 01
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Location: 1 - General Requirements	Approx Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1	General Requirements				
	The contractor shall apply for, pay for, and obtain all the necessary permits including (if applicable) 10 day Deleading notices and Asbestosis Abatement prior to the start of any job. Final payment will not be released until all required permits have been signed off on by the proper inspector.				
45	CONTRACTOR PRE-QUOTE/BID SITE VISIT The contractor must inspect the property on day, date, and time determined by quote/bid invite only. No quotes/bids will be accepted from absentee contractors. Submission of a quote/bid is presumptive evidence that the contractor has thoroughly examined the site and is conversant with the requirements of the local jurisdiction. This Work Write Up (WWU) will serve as the quote/bid packet. When returning quotes/bids, all unit price and total price must be filled out in order to be considered a responsible quote/bid. Quotes/bids will be awarded by using the address grand total. The contractor is responsible for mathematical accuracy. These specs are intended to provide the basis for proper completion of the work suitable for the intended use of the owner. Anything not expressly set forth but is reasonably implied or necessary for proper performance of the project shall be included.	1.00	GR	n/a	n/a
77	NEW MATERIALS REQUIRED All materials used in connection with this Work Write Up (WWU) are to be new, of first quality and without defects - unless stated otherwise or pre-approved by Owner and Construction Manager. Unless otherwise specified in this WWU, the following materials are to be utilized. 1. DOORS: Exterior entry doors shall be "Thermatru", "Stanley", (or approved equal) 4 panel fiberglass foam filled door with a lite design as specified. Exterior doors shall be drilled for specified lock (see hardware). Interior doors shall be replaced with similar type and style (solid, panel style etc...) No hollow core doors will be accepted. (see hardware for lockset type). Garage doors shall be Clopay or approved equal. Bulkhead doors shall be Bilco or approved equal. 2. HARDWARE: Exterior doors to have Schlage keyed passage with deadbolt. Doors to be keyed alike. Bedrooms and bathrooms are to have Schlage privacy passage sets. Closets to have Schlage passage sets. Owner to specify finish: Brass, antique brass, satin nickel, nickel, bronze, etc... 3. VINYL SIDING: Vinyl siding to be Certain Teed Main Street or approved equal (.042") on all exterior walls, including porches. Solid or perforated vinyl soffit (depending on venting requirements) (.038") panels under eaves. 4. WINDOWS: All replacement windows to have a U factor and SHGC of .30 or lower, such as Harvey Classic, Norandex Viewpoint 5000 Series, or MI 1555 series with matching grids and aluminum half screens. Use obscure glass in bathrooms. Cellar windows will be either sliding, hopper, or awning according to specs.	1.00	GR	n/a	n/a

Address: 184 East Side Parkway (LEAD)		Unit: Unit 01	
Location:	1 - General Requirements	Approx. Wall SF: 0	Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
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Trade: 1 General Requirements

Tempered glass to be used whenever MA code Dictates.
 5. Paint:
 All paints shall be Sherwin Williams or Benjamin Moore low VOC paints. Owner to pick color and finish.
 6. Trim:
 All woodwork being replaced shall be replaced with like material and profile.

78	WORKMANSHIP STANDARDS	1.00	GR	n/a	n/a
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All work shall be performed by mechanics both licensed and skilled in their particular trade as well as the tasks assigned to them. Workers shall protect all surfaces as long as required to eliminate damage and will be held responsible for any damage caused by them.

120	FINAL CLEAN	1.00	GR		
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Remove from site all construction materials, tools and debris. Sweep clean all exterior work areas. Vacuum and mop all interior work areas, removing all visible dust, stains, labels and tags. Final payment will not be released until property is cleaned and passes visual and dust wipes clearance. On rehab jobs a letter of Interim control needs to be issued. On Lead jobs a letter of Full Deleading Compliance needs to be issued.

Location Total: _____

Location: 2 - Entire Unit		Approx. Wall SF: 0		Ceiling/Floor SF: 0	
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
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Trade: 10 Carpentry

2982	WINDOW--VINYL--LOW E DBL HNG DBL GLZ ENERGY STAR	30.00	EA		
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Using Lead safe work practices dispose of old window (including storm and storm frame). HEPA vacuum any paint chips, dust and debris. Field measure and install a vinyl, matching grid, double hung, double glazed, argon filled Low E window that meets the ENERGY STAR standards with a U value and SHGC of 3.0 or lower. Include locking, aluminum 1/2 screen. Be sure to pull out any window weights and then stuff pockets with insulation and insulate between window frame and sash. Make intact and paint exterior blind stop to match. Make intact, caulk and touch up interior paint to match.

Location Total: _____

Location: 3 - Kitchen		Approx. Wall SF: 0		Ceiling/Floor SF: 0	
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
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Trade: 9 Environmental Rehab

Custom	WALLS SCR OSC	2.00	EA		
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Page 4 of 8

Address: 184 East Side Parkway (LEAD)	Unit: Unit 01
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Location: 3 - Kitchen	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	Environmental Rehab				

Location Total: _____

Location: 4 - Bathroom	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	Environmental Rehab				

Custom	DOOR JAMB D1: SCR	1.00	EA	_____	_____
Custom	DOOR SLAB D1: SCR	1.00	EA	_____	_____
Custom	DOOR CASING D1: REP	1.00	EA	_____	_____
Custom	WINDOW TRIM B1: REP all woodwork	1.00	EA	_____	_____

Location Total: _____

Location: 5 - C Porch 2nd Flr	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	Environmental Rehab				

Custom	THRESHOLD A1: SCR, MI kickplate	1.00	EA	_____	_____
Custom	DOOR JAMB A1: SCR	1.00	EA	_____	_____
Custom	DOOR CASING A1: REP	1.00	EA	_____	_____
Custom	DOOR SLAB A1: SCR	1.00	EA	_____	_____

Trade: 10	Carpentry				
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2982	WINDOW--VINYL--LOW E SLIDING DBL GLZ ENERGY STAR Using Lead safe work practices dispose of old window (including storm and storm frame). HEPA vacuum any paint chips, dust and debris. Field measure and install a vinyl, matching grid, sliding, double glazed, argon filled Low E window that meets the ENERGY STAR standards with a U value and SHGC of 3.0 or lower. Include locking, aluminum 1/2 screen. Be sure to insulate between window frame and sash. Make intact and paint exterior blind stop to match. Make intact, caulk and touch up interior paint to match. Windows to match style of the first floor.	2.00	EA	_____	_____
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Address: 184 East Side Parkway (LEAD)		Unit: Unit 01			
Location: 5 - C Porch 2nd Flr		Approx. Wall SF: 0		Ceiling/Floor SF: 0	
Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 10	Carpentry				

Location Total: _____

Location: 6 - Hallway 1		Approx. Wall SF: 0		Ceiling/Floor SF: 0	
Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	Environmental Rehab				
Custom	DOOR CASING D2: REP	1.00	EA	_____	_____
Custom	DOOR JAMB D2: SCR	1.00	EA	_____	_____

Location Total: _____

Location: 7 - Hallway 2		Approx. Wall SF: 0		Ceiling/Floor SF: 0	
Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	Environmental Rehab				
Custom	WALLS SCR OSC	2.00	EA	_____	_____

Location Total: _____

Location: 8 - Rear Staircase		Approx. Wall SF: 0		Ceiling/Floor SF: 0	
Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	Environmental Rehab				
Custom	WALLS SCR OSC	2.00	EA	_____	_____

Location Total: _____

Location: 9 - Front Staircase		Approx. Wall SF: 0		Ceiling/Floor SF: 0	
Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	Environmental Rehab				
Custom	THRESHOLD A1: SCR	1.00	EA	_____	_____

Location Total: _____

Location:	10 - Basement Stairs	Approx. Wall SF:	0	Ceiling/Floor SF:	0
Page 6 of 8					

Address: 184 East Side Parkway (LEAD)		Unit: Unit 01			
Location: 10 - Basement Stairs		Approx. Wall SF: 0		Ceiling/Floor SF: 0	
Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	Environmental Rehab				
Custom	STAIR TREADS REP treads & SCR risers	13.00	EA		
Location Total:					
Location: 11 - Exterior		Approx. Wall SF: 0		Ceiling/Floor SF: 0	
Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	Environmental Rehab				
Custom	GARAGE DOOR SCR: Door, casing, jambs on both doors on both inside and outside	4.00	DU		
Custom	WINDOWS BELOW 5' SCR	4.00	DU		
Custom	DOOR THRESHOLD A1: SCR threshold, MI kickplate	1.00	EA		
Custom	DOOR JAMB A1: SCR	1.00	EA		
Custom	DOOR CASING A1: SCR	1.00	EA		
Custom	DOOR SLAB A1: SCR	1.00	EA		
Custom	SIDING MI	1.00	DU		
Custom	UPPER TRIM REP all rot, MI loose paint	1.00	DU		
Trade: 10	Carpentry				
2985	WINDOW--VINYL BASEMENT--REPLACE Using Lead safe work practices dispose of all old basement windows. HEPA vacuum any paint chips, dust and debris. Field measure, order and install a vinyl sliding double glazed, matching grids, argon filled Low E window that meets the ENERGY STAR standards with a U value and SHGC of 3.0 or lower. Include aluminum screen. If dryer is vented out through old sash order new sash to do the same. Make intact and paint exterior blind stop to match. Make intact, caulk and touch up interior paint to match.	10.00	EA		
3184	DOOR -- PREHUNG ENTRANCE -- ENERGY STAR C1, D1: dispose of existing door and frame. Replace entrance door with a ENERGY STAR certified, insulated, prehung fiberglass door, with matching lites, clear low e glass, a locking passage set and double cylinder dead bolt keyed to match the deadbolts of other exterior doors. Include interior and exterior casing, three 4"x 4" butt hinges, weatherstripping, and	2.00	EA		
Page 7 of 8					

Address: 184 East Side Parkway (LEAD)	Unit: Unit 01
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Location: 11 - Exterior	Approx. Wall SF: 0	Ceiling/Floor SF: 0
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Spec #	Spec	Quantity	Units	Unit Price	Total Price
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Trade: 10	Carpentry
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3210	<p>interlocking threshold. Prime and topcoat with owner's choice of color and finish. Door to have a price allowance of \$600.00.</p> <p>STORM DOOR--ALUMINUM</p> <p>Replace C1 storm door with a aluminum combination storm and screen door with white baked enamel aluminum finish and top chain and closer. Match style to existing one, door to have a price allowance of \$300.00</p>	2.00	EA		
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Location Total: _____

Unit Total for 184 East Side Parkway (LEAD) , Unit Unit 01: _____

Address Grand Total for 184 East Side Parkway (LEAD) : _____

Bidder: _____

Lead Inspection / Risk Assessment Report

Page 1 of 24

Caulfield Environmental

243 Legate Hill Road
Leominster, MA 01453
(508)561-1281 Cell or (978)534-4670 Office
caulfi@comcast.net

St.# 0184 Street Name E SIDE Street Type PKWY Unit 0000
City NEWTON Zip Code 02458-1847

Owners Name: John Malcolm
Owner Address: 184 E SIDE PKWY
Contact Information: NEWTON, MA 02458-1847
Client Name (if different from owner): 617-969-2025
Client Address: _____

Number of Rooms in Unit 8
Property Type:
☐ Single Family
☐ Multi Family # of Units _____
☒ Condominium # of Units 2
☐ Day Care ☐ Other _____

Key	Legend Column
COV	Covered
VB	Vinyl Baseboard
MET	Metal
VR	Vinyl Rep. Window
MR	Metal Rep. Window
NA	Not Accessible
NC	No Coating
Tile	Tile (testing suggested)
DC	Dropped Ceiling

Key	Treatment Method	Key	Treatment Method
CAP	Capped	SCR	Scraped
COV	Covered	DIP	Dipped
ENC	Encapsulated	REM	Removed
MI	Made Intact	REP	Replaced
PRE	Prepared for Enc.	REV	Reversed
VR/MR	Vinyl/Metal Rep Window	INT	Intact
SFR	Storm Frame Removed		
<input checked="" type="checkbox"/>	Component Does Not Exist		

Laundry in Basement? ☐ Yes ☒ No
Finished Space in Basement ☐ Yes ☒ No

Testing Method Used
Na₂S Expiration Date: 1/1
X-Ray Fluorescence
Model: RMD Serial # B23

Comments / Notes: Doug Desmarais: City of Newton

Floor# 2 (level within building of unit being inspected) Floor# _____ Property Diagram / Unit Labels

A (Street Side) Start Here

A (Street Side) Start Here

A (Street Side)

Pb (lead) equal to or greater than 1.0 m/cm² with x-ray fluorescence or positive with Na₂S is Dangerous.

XRF Calibration Recorded in Log Book

Address verified through USPS

Research on Lead Related History for Address

- ☒ - Check off when complete
- ☒ - Check off when complete
- ☒ - Check off when complete

Inspector's Name: Christine Caulfield License # M-1950 Signature: Christine Caulfield Date: 05/13/14

LI/RA revised 01/12

ADDRESS: 184 E SIDE PKWY Apt# — City Newton Page 2 of 24

INSPECTION HISTORY

Determination
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Lead Hazards?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

Inspector Name: _____, Lic# _____
Signature _____

Comprehensive Initial Inspection
051314
Lead Hazards?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

Inspector Name: Chesenne Caulfield Lic# M1930
Signature Chesenne Caulfield

Comp Initial w/Partial PCAD
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Lead Hazards?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

Inspector Name: _____, Lic# _____
Signature _____

Addendum (add-on to Initial Inspection)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Lead Hazards?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

Inspector Name: _____, Lic# _____
Signature _____

Addendum as Full Insp. (Lost Docs)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Lead Hazards?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

Inspector Name: _____, Lic# _____
Signature _____

Walk Through for Ed/Consultation
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Inspector Name: _____, Lic# _____
Signature _____

REINSPECTION HISTORY

Visual Portion of Reoco, Reinspection
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> P <input checked="" type="checkbox"/> F

Inspector Name: _____, Lic# _____
Signature _____

Visual Portion of Reoco, Reinspection
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> P <input checked="" type="checkbox"/> F

Inspector Name: _____, Lic# _____
Signature _____

Dust Taken for Reoco, Reinspection
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> P <input checked="" type="checkbox"/> F

Inspector Name: _____, Lic# _____
Signature _____

Dust Taken for Reoco, Reinspection
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> P <input checked="" type="checkbox"/> F

Inspector Name: _____, Lic# _____
Signature _____

Visual Portion of Final Reinspection
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> P <input checked="" type="checkbox"/> F

Inspector Name: _____, Lic# _____
Signature _____

Visual Portion of Final Reinspection
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> P <input checked="" type="checkbox"/> F

Inspector Name: _____, Lic# _____
Signature _____

Dust Taken for Final Reinsp. (No Reoco)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> P <input checked="" type="checkbox"/> F

Inspector Name: _____, Lic# _____
Signature _____

Dust Taken for Final Reinsp. (No Reoco)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> P <input checked="" type="checkbox"/> F

Inspector Name: _____, Lic# _____
Signature _____

INTERIM CONTROL

Risk Assessment
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Urgent Pb. Hazards?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

R.A. Name: _____, Lic# _____
Signature _____

Dust Taken for Risk Assessment
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> P <input checked="" type="checkbox"/> F

R.A. Name: _____, Lic# _____
Signature _____

Visual Portion of Reinspection for Interim Control
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> P <input checked="" type="checkbox"/> F

R.A. Name: _____, Lic# _____
Signature _____

Dust Taken for Risk Assessment Reinsp.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> P <input checked="" type="checkbox"/> F

R.A. Name: _____, Lic# _____
Signature _____

Visual Portion of Reinspection for Interim Control
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> P <input checked="" type="checkbox"/> F

R.A. Name: _____, Lic# _____
Signature _____

Dust Taken for Risk Assessment Reinsp.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> P <input checked="" type="checkbox"/> F

R.A. Name: _____, Lic# _____
Signature _____

Risk Assessment Recertification
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Urgent Pb. Hazards?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

R.A. Name: _____, Lic# _____
Signature _____

Dust Taken for RA Recertification
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> P <input checked="" type="checkbox"/> F

R.A. Name: _____, Lic# _____
Signature _____

POST COMPLIANCE ASSESSMENT DETERMINATIONS

PCAD
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Lead Hazards?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

Inspector Name: _____, Lic# _____
Signature _____

Full Inspection Acting as PCAD
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Lead Hazards?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

Inspector Name: _____, Lic# _____
Signature _____

Visual Portion of PCAD Reinspection
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> P <input checked="" type="checkbox"/> F

Inspector Name: _____, Lic# _____
Signature _____

Dust Taken for PCAD Reinspection
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> P <input checked="" type="checkbox"/> F

Inspector Name: _____, Lic# _____
Signature _____

Dust Taken for PCAD Reinspection
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> P <input checked="" type="checkbox"/> F

Inspector Name: _____, Lic# _____
Signature _____

ADDRESS: 184 E SIDE PKWY Apt# --- City Newton Page 3 of 24
REOCCUPANCY CERTIFICATE HISTORY **COMPLIANCE HISTORY (CONT.)**

Certificate of Reoccupancy				
Only after High/Mod Risk (# rooms rule)				

Inspector Name: _____, Lic# _____
 Signature _____

Certificate of Reoccupancy				
Only after High/Mod Risk (# rooms rule)				

Inspector Name: _____, Lic# _____
 Signature _____

Certificate of Reoccupancy				
Only after High/Mod Risk (# rooms rule)				

Inspector Name: _____, Lic# _____
 Signature _____

Certificate of Maintained Compliance				
No Work= No Dust Work = 7 Dust				

Inspector Name: _____, Lic# _____
 Signature _____

Certificate of Restored Compliance				
Dust wipes and auth. people				

Inspector Name: _____, Lic# _____
 Signature _____

Certificate of Maintained Compliance				
No Work= No Dust Work = 7 Dust				

Inspector Name: _____, Lic# _____
 Signature _____

COMPLIANCE HISTORY

Letter of Pull Initial Compliance				
No prior history/ No signs of UD				

Inspector Name: _____, Lic# _____
 Signature _____

Letter of Interim Control				
No prior Comp. Expires in 1 yr.				

Inspector Name: _____, Lic# _____
 Signature _____

Recertification of Interim Control				
Expires 2 yrs from original Interim Control				

Inspector Name: _____, Lic# _____
 Signature _____

Letter of Full Deleading Compliance				
Dust wipes if No Reoco.				

Inspector Name: _____, Lic# _____
 Signature _____

Certificate of Maintained Compliance				
No Work= No Dust Work = 7 Dust				

Inspector Name: _____, Lic# _____
 Signature _____

Certificate of Restored Compliance				
Dust wipes and auth. people				

Inspector Name: _____, Lic# _____
 Signature _____

Certificate of Restored Compliance				
Dust wipes and auth. people				

Inspector Name: _____, Lic# _____
 Signature _____

OTHER HISTORY: WAIVERS/UD/EPA RRP

Approved CLPPP Waiver				
Attach to Comp Docs				

CLPPP Insp. Name: _____, Lic# _____
 Signature _____

Approved CLPPP Waiver				
Attach to Comp Docs				

CLPPP Insp. Name: _____, Lic# _____
 Signature _____

UD / DBS Visual Reinspection				
No LOC Issued				

Inspector Name: _____, Lic# _____
 Signature _____

UD / DBS Visual Reinspection				
No LOC Issued				

Inspector Name: _____, Lic# _____
 Signature _____

UD / DBS Dust Taken				
No LOC Issued				

Inspector Name: _____, Lic# _____
 Signature _____

UD / DBS Dust Taken				
No LOC Issued				

Inspector Name: _____, Lic# _____
 Signature _____

EXPLANATION OF LEAD INSPECTION / RISK ASSESSMENT REPORT FORM COLUMNS

This page provides general information needed to understand the lead inspection/risk assessment report. However, you should speak with the inspector/risk assessor before you start to do any work on your home.

SIDE	Refers to A, B, C, or D side of the building or room. See the diagram on the cover sheet. The "A" side of the building or room is the side facing the street that gives the property its address (usually, it is the front of the building). Keeping your back to this street, from the "A" side move clockwise to the "B" side on your left, the "C" side opposite you, and the "D" side to the right. Numbering is from left to right.
LOCATION/ SURFACE	Refers to the building component(s) being tested. Some surfaces may be made up of more than one part. For example, "Baseboard" may refer to four separate pieces of wood (one on each wall), but is still considered one surface.
LEAD	<p>The actual lead result. Each surface tested must have a result recorded in the "Lead" column.</p> <ul style="list-style-type: none"> A number shows that the surface was tested with an XRF analyzer. A number (or average number) equal to or greater than 1.0 mg/cm² is a dangerous level of lead. A "pos" or "neg" shows that the surface was tested with sodium sulfide. "Pos" means that there is a dangerous level of lead. "N/A" means that the inspector was not able to test the surface. Unless the owner can get a sample to test, the inspector must assume the surface contains lead and require it to be delead, if necessary. "MET" or "MR" means that a metal surface was not tested and only needs to be intact, even if it is a leaded surface. However, metal handrails, metal window sills, and metal railing caps, need to be delead if they test equal to or greater than 1.0 mg/cm², or is marked "N/A." For key to abbreviations like "COV", "VB", "VR" or "MR", "NC", "Tile", "DC", see the cover page. When a component box is slashed and there are test results above and below the diagonal line, the result on the "bottom" represents results below 5 ft. and the "top" result indicates the test result above 5 ft.
TYPE OF HAZARD	<p>Not all lead paint must be delead. This column tells you IF and WHY a surface needs deleading. The deleading standards below may not apply for Interim Controls. Speak to your risk assessor for more information.</p> <ul style="list-style-type: none"> "MI" circled means that the surface is a moveable/impacted surface and must be delead in its entirety. "SF" circled indicates that there is a storm frame present which requires the blind stop and exterior sill be delead as interior moveable / impacted surfaces. "A/M" circled means that the surface is "accessible mouthable" and must be delead to a minimum of five feet high, four inches in from the edge or corner. "L" circled means that the surface is loose and must, at minimum, be made intact. If more than one choice is circled, the rules for deleading may change depending upon what method of deleading you choose. Speak to the inspector for more information. "N/A" means the inspector was unable to determine if the surface was a lead hazard. The person doing the deleading must check this surface and follow all the rules for deleading. Speak to the inspector for more information. If nothing is circled in the column, then it is likely the surface does not need deleading. Speak to the inspector for more information. Remember, this does not mean the entire surface is lead free, it just does not require deleading in its current condition.
URG HAZ?	This column is only completed during a risk assessment. A risk assessment is an evaluation of a home's suitability for Interim Control. Only a licensed risk assessor can do a risk assessment, not all inspectors are risk assessors. If "Y" is circled, then this surface is considered an "Urgent Lead Hazard" and some type of deleading work is required to qualify for Interim Control.
IC DATE	The date the licensed risk assessor determines the surface meets the standards for Interim Control.
IC METH	The deleading method or structural repair done to qualify the surface for Interim Control. Refer to the deleading codes key on the cover page.
DELEAD DATE	The date that the lead inspector reinspects the surface and finds that it has been successfully brought back into compliance.
DELEAD METH	The method used to bring a surface into full compliance. Refer to codes in the Key on the cover page of the PCAD
EXCLUDED SURFACES	The amount of loose paint on a surface as measured by the lead inspector. "N/A" means that the inspector was not able to measure the loose paint, but has determined it is more than the cut-off for moderate risk making intact.

LJRA Exp. 8/08

Christine Caulfield

M-1950

Christine Caulfield

05/13/14

Page 5 of 24

Inspector (print)

Lic #

Signature

Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 184 E SIDE PKWY Apt. #

City: Newton

Room # 1

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	0.0	AM L N/A	Y				
A B	Low Walls	0.2	AM L N/A	Y				
A B	Baseboards	0.1	AM L N/A	Y				
A B	Chair Rail	/	AM L N/A	Y				
A B	Radiator	0.3	AM L N/A	Y				
A B	Floor	0.0	AM L N/A	Y				
A B	Ceiling	0.1	AM L N/A	Y				
A B	Door	0.0	AM L N/A	Y				
12	Door Casing	0.2	AM L N/A	Y				
12	Door Jamb	0.1	AM L N/A	Y				
34	Threshold	0.0	AM L N/A	Y				
A B	Door	0.3	AM L N/A	Y				
12	Door Casing	0.2	AM L N/A	Y				
12	Door Jamb	0.1	AM L N/A	Y				
34	Threshold	0.1	AM L N/A	Y				
A B	Door	/	AM L N/A	Y				
C D	Door Casing	/	AM L N/A	Y				
12	Door Jamb	/	AM L N/A	Y				
34	Threshold	/	AM L N/A	Y				
A	Closet Door	/	AM L N/A	Y				
B	Cl Casing	/	AM L N/A	Y				
C	Closet Jamb	/	AM L N/A	Y				
D	Closet Walls	/	AM L N/A	Y				
	Cl Baseboard	/	AM L N/A	Y				
1	Closet Pole	/	AM L N/A	Y				
2	Closet Shelf	/	AM L N/A	Y				
3	Cl Supports	/	AM L N/A	Y				
4	Closet Floor	/	AM L N/A	Y				
	Closet Ceiling	/	AM L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:
8 windows in Room #1

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

LURA RepRoom, 8/08

Christine Caulfield
Inspector (print)

M-1950
Lic #

Christine Caulfield
Signature

05-13-14
Date

Page 6 of 24

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

184 E SIDE

PKWY Apt. #

City:

Newton

CONTINUATION OF ROOM ()

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG	IC HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.0	MI A/M L N/A	Y					
B	Win Apron	0.2	A/M L N/A	Y					
C	Win Casing	0.3	A/M L N/A	Y					
D	Header Stop	0.0	MI A/M L N/A	Y					
	Int Stops	0.1	MI A/M L N/A	Y					
#4	Win Int Sash	0.0	MI A/M L N/A	Y					
	Exterior Sill	4.0	MI SF L N/A	Y	Rel				
	Part Bead	8.2	MI L N/A	Y					
	Blind Stop	9.1	MI SF L N/A	Y					
	Win Ext Sash	9.9	MI L N/A	Y					
A	Window Sill	0.2	MI A/M L N/A	Y					
B	Win Apron	0.0	A/M L N/A	Y					
C	Win Casing	0.4	A/M L N/A	Y					
D	Header Stop	0.3	MI A/M L N/A	Y					
	Int Stops	0.2	MI A/M L N/A	Y					
#1	Win Int Sash	0.1	MI A/M L N/A	Y					
	Exterior Sill	8.2	MI SF L N/A	Y	Rel				
	Part Bead	9.9	MI L N/A	Y					
	Blind Stop	9.9	MI SF L N/A	Y					
	Win Ext Sash	9.9	MI L N/A	Y					
A	Window Sill	0.2	MI A/M L N/A	Y					
B	Win Apron	0.0	A/M L N/A	Y					
C	Win Casing	0.1	A/M L N/A	Y					
D	Header Stop	0.3	MI A/M L N/A	Y					
	Int Stops	0.4	MI A/M L N/A	Y					
#3	Win Int Sash	0.1	MI A/M L N/A	Y					
	Exterior Sill	5.3	MI SF L N/A	Y	Rel				
	Part Bead	6.3	MI L N/A	Y					
	Blind Stop	6.3	MI SF L N/A	Y					
	Win Ext Sash	5.8	MI L N/A	Y					
			A/M L N/A	Y					
			A/M L N/A	Y					
			A/M L N/A	Y					
			A/M L N/A	Y					
			A/M L N/A	Y					
COMMENTS / STRUCTURAL DEFECTS:									

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG	IC HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.3	MI A/M L N/A	Y					
B	Win Apron	0.0	A/M L N/A	Y					
C	Win Casing	0.2	A/M L N/A	Y					
D	Header Stop	0.0	MI A/M L N/A	Y					
	Int Stops	0.1	MI A/M L N/A	Y					
#1	Win Int Sash	0.1	MI A/M L N/A	Y					
	Exterior Sill	7.9	MI SF L N/A	Y	Rel				
	Part Bead	8.5	MI L N/A	Y					
	Blind Stop	8.6	MI SF L N/A	Y					
	Win Ext Sash	9.0	MI L N/A	Y					
A	Window Sill	0.2	MI A/M L N/A	Y					
B	Win Apron	0.2	A/M L N/A	Y					
C	Win Casing	0.3	A/M L N/A	Y					
D	Header Stop	0.1	MI A/M L N/A	Y					
	Int Stops	0.0	MI A/M L N/A	Y					
#2	Win Int Sash	0.1	MI A/M L N/A	Y					
	Exterior Sill	7.3	MI SF L N/A	Y	Rel				
	Part Bead	9.9	MI L N/A	Y					
	Blind Stop	9.9	MI SF L N/A	Y					
	Win Ext Sash	9.0	MI L N/A	Y					
A	Window Sill		MI A/M L N/A	Y					
B	Win Apron		A/M L N/A	Y					
C	Win Casing		A/M L N/A	Y					
D	Header Stop		MI A/M L N/A	Y					
	Int Stops		MI A/M L N/A	Y					
#	Win Int Sash		MI A/M L N/A	Y					
	Exterior Sill		MI SF L N/A	Y					
	Part Bead		MI L N/A	Y					
	Blind Stop		MI SF L N/A	Y					
	Win Ext Sash		MI L N/A	Y					
			A/M L N/A	Y					
			A/M L N/A	Y					
			A/M L N/A	Y					
			A/M L N/A	Y					
			A/M L N/A	Y					
COMMENTS / STRUCTURAL DEFECTS:									

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

L1/RA RepRoomCont (W), 8/08

Dale

Page 7 of 24

Date _____

Risk Assessor (print)	Lic #	Signature	Date
Address of Property:	184 E SIDE	PKWY Apt. #	City: NEWTON
ROOM #	2		

City: NEWTON

ROOM # 22

LURA RepRoom, 8/08

Christine Caulfield
Inspector (print)

M-1950
Lic #

Christine Caulfield
Signature

Page 8 of 24
Date

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

184 E SIDE PARKWAY APT #

City: NEWTON

ROOM # 3

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	0.1	AM L N/A	Y				
A B	Low Walls	0.2	AM L N/A	Y				
A B	Baseboards	0.0	AM L N/A	Y				
A B	Chair Rail		AM L N/A	Y				
A B	Radiator	0.4	AM L N/A	Y				
	Floor	0.0	AM L N/A	Y				
	Ceiling	0.1	AM L N/A	Y				
A B	Door	0.2	AM L N/A	Y				
C D	Door Casing	0.1	AM L N/A	Y				
12	Door Jamb	0.3	AM L N/A	Y				
34	Threshold	0.0	AM L N/A	Y				
A B	Door	0.0	AM L N/A	Y				
C D	Door Casing	0.4	AM L N/A	Y				
12	Door Jamb	0.1	AM L N/A	Y				
34	Threshold	0.1	AM L N/A	Y				
A B	Door		AM L N/A	Y				
C D	Door Casing		AM L N/A	Y				
12	Door Jamb		AM L N/A	Y				
34	Threshold		AM L N/A	Y				
A B	Door		AM L N/A	Y				
C D	Door Casing		AM L N/A	Y				
12	Door Jamb		AM L N/A	Y				
34	Threshold		AM L N/A	Y				
A	Closet Door	0.2	AM L N/A	Y				
B	CI Casing	0.6	AM L N/A	Y				
C	Closet Jamb	0.4	AM L N/A	Y				
D	Closet Walls	0.0	AM L N/A	Y				
	CI Baseboard	0.2	AM L N/A	Y				
1	Closet Pole	0.1	AM L N/A	Y				
2	Closet Shelf	0.0	AM L N/A	Y				
3	CI Supports	0.2	AM L N/A	Y				
4	Closet Floor	0.1	AM L N/A	Y				
	Closet Ceiling	0.1	AM L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

L/R A Rep Room, 8/08

Christine Caulfield
Inspector (print)

M-1950
Lic #

Christine Caulfield
Signature

05-13-14
Date

Page 9 of 24

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

184 E Side Pkwy

Apt. #

City: Newton

CONTINUATION OF ROOM (3)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.2	MI A/M L N/A	Y				
B	Win Apron	0.0	A/M L N/A	Y				
C	Win Casing	0.4	A/M L N/A	Y				
D	Header Stop	0.0	MI A/M L N/A	Y				
	Int Stops	0.1	MI A/M L N/A	Y				
#	Win Int Sash	0.0	MI A/M L N/A	Y				
	Exterior Sill	4.0	SF L N/A	Y	20			
	Part Bead	6.3	L N/A	Y				
	Blind Stop	7.9	SF L N/A	Y				
	Win Ext Sash	6.0	L N/A	Y				
A	Window Sill		MI A/M L N/A	Y				
B	Win Apron		A/M L N/A	Y				
C	Win Casing		A/M L N/A	Y				
D	Header Stop		MI A/M L N/A	Y				
	Int Stops		MI A/M L N/A	Y				
#	Win Int Sash		MI A/M L N/A	Y				
	Exterior Sill		MI SF L N/A	Y				
	Part Bead		MI L N/A	Y				
	Blind Stop		MI SF L N/A	Y				
	Win Ext Sash		MI L N/A	Y				
A	Window Sill		MI A/M L N/A	Y				
B	Win Apron		A/M L N/A	Y				
C	Win Casing		A/M L N/A	Y				
D	Header Stop		MI A/M L N/A	Y				
	Int Stops		MI A/M L N/A	Y				
#	Win Int Sash		MI A/M L N/A	Y				
	Exterior Sill		MI SF L N/A	Y				
	Part Bead		MI L N/A	Y				
	Blind Stop		MI SF L N/A	Y				
	Win Ext Sash		MI L N/A	Y				
			A/M L N/A	Y				
			A/M L N/A	Y				
			A/M L N/A	Y				
			A/M L N/A	Y				
			A/M L N/A	Y				
COMMENTS / STRUCTURAL DEFECTS:								

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill		MI A/M L N/A	Y				
B	Win Apron		A/M L N/A	Y				
C	Win Casing		A/M L N/A	Y				
D	Header Stop		MI A/M L N/A	Y				
	Int Stops		MI A/M L N/A	Y				
#	Win Int Sash		MI A/M L N/A	Y				
	Exterior Sill		MI SF L N/A	Y				
	Part Bead		MI L N/A	Y				
	Blind Stop		MI SF L N/A	Y				
	Win Ext Sash		MI L N/A	Y				
			A/M L N/A	Y				
			A/M L N/A	Y				
			A/M L N/A	Y				
			A/M L N/A	Y				
			A/M L N/A	Y				
COMMENTS / STRUCTURAL DEFECTS:								

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

L/R RepRoomCont (W), 8/08

Christine Caulfield
Inspector (print)

M-1950
Lic #

Christine Caulfield
Signature

05-13-14
Date

Page 10 of 24

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

184 E SIDE PARKWAY Apt. #

City: Newton

ROOM #

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	0.1	AM L N/A	Y				
A B	Low Walls	0.1	AM L N/A	Y				
A B	Baseboards	0.1	AM L N/A	Y				
A B	Chair Rail	0.1	AM L N/A	Y				
A B	Radiator	0.2	AM L N/A	Y				
A B	Floor	0.1	AM L N/A	Y				
A B	Ceiling	0.2	AM L N/A	Y				
A B	Door	0.3	AM L N/A	Y				
C D	Door Casing	0.0	AM L N/A	Y				
1 2	Door Jamb	0.2	AM L N/A	Y				
3 4	Threshold	0.0	AM L N/A	Y				
A B	Door	0.1	AM L N/A	Y				
C D	Door Casing	0.0	AM L N/A	Y				
1 2	Door Jamb	0.2	AM L N/A	Y				
3 4	Threshold	0.1	AM L N/A	Y				
A B	Door	0.2	AM L N/A	Y				
C D	Door Casing	0.2	AM L N/A	Y				
1 2	Door Jamb	0.0	AM L N/A	Y				
3 4	Threshold	0.4	AM L N/A	Y				
A B	Door		AM L N/A	Y				
C D	Door Casing		AM L N/A	Y				
1 2	Door Jamb		AM L N/A	Y				
3 4	Threshold		AM L N/A	Y				
A	Closest Door	0.0	AM L N/A	Y				
B	CI Casing	0.1	AM L N/A	Y				
C	Closest Jamb	0.0	AM L N/A	Y				
D	Closest Walls	0.2	AM L N/A	Y				
	CI Baseboard	0.0	AM L N/A	Y				
1	Closest Pole	0.1	AM L N/A	Y				
2	Closest Shelf	0.3	AM L N/A	Y				
3	CI Supports	8.4	AM L N/A	Y				
4	Closest Floor	0.0	AM L N/A	Y				
	Closest Ceiling	0.1	AM L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

LURA RepRoom, 8/08

Inspector (print)

Lic #

Signature

Date

Christini Caulfield 05-13-14

Page 11 of 24

Risk Assessor (print)

Lic #

Signature

Date

Address of Property

184 E SIDE PKWY

Apt. #

City

NEWTON

ROOM #

5

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	0.1	AM L N/A	Y					A	Window Sill	0.2	MM AM L N/A	Y				
A B	Low Walls	0.1	AM L N/A	Y					B	Win Apron	0.1	AM L N/A	Y				
A B	Baseboards	0.2	AM L N/A	Y					C	Win Casing	0.2	AM L N/A	Y				
A B	Chalk Rail	0.1	AM L N/A	Y					(D)	Header Stop	0.1	MM AM L N/A	Y				
A B	Radiator	0.1	AM L N/A	Y					(1)	Int Stops	0.3	MM AM L N/A	Y				
A B	Floor	0.2	AM L N/A	Y					(1)	Win Int Sash	0.1	MM AM L N/A	Y				
A B	Ceiling	0.1	AM L N/A	Y					2	Exterior Sill	5.0	(MM) SF L N/A	Y				
A B	Door	0.1	AM L N/A	Y					3	Part Bead	6.3	(MM) (L) N/A	Y				
C D	Door Casing	0.0	AM L N/A	Y					4	Blind Stop	6.4	(MM) SF (L) N/A	Y				
(1)	Door Jamb	0.2	AM L N/A	Y					(1)	Win Ext Sash	6.2	(MM) (L) N/A	Y				
3 4	Threshold	0.1	AM L N/A	Y					A	Window Sill	0.2	MM AM L N/A	Y				
A B	Door	0.1	AM L N/A	Y					B	Win Apron	0.1	AM L N/A	Y				
C D	Door Casing	0.2	AM L N/A	Y					C	Win Casing	0.0	AM L N/A	Y				
(1)	Door Jamb	0.0	AM L N/A	Y					(D)	Header Stop	0.3	MM AM L N/A	Y				
3 4	Threshold	0.0	AM L N/A	Y					(1)	Int Stops	0.0	MM AM L N/A	Y				
A B	Door	0.2	AM L N/A	Y					1	Win Int Sash	0.2	MM AM L N/A	Y				
(C)	Door Casing	0.1	AM L N/A	Y					(2)	Exterior Sill	7.2	(MM) SF L N/A	Y				
(1)	Door Jamb	0.3	AM L N/A	Y					3	Part Bead	3.0	(MM) (L) N/A	Y				
3 4	Threshold	0.1	AM L N/A	Y					4	Blind Stop	8.1	(MM) SF (L) N/A	Y				
A B	Door	0.1	AM L N/A	Y					(1)	Win Ext Sash	8.2	(MM) (L) N/A	Y				
C D	Door Casing	0.1	AM L N/A	Y					A	Window Sill	0.2	MM AM L N/A	Y				
1 2	Door Jamb	0.1	AM L N/A	Y					B	Win Apron	0.1	AM L N/A	Y				
3 4	Threshold	0.1	AM L N/A	Y					C	Win Casing	0.3	AM L N/A	Y				
A	Closet Door	0.1	AM L N/A	Y					(D)	Header Stop	0.2	MM AM L N/A	Y				
B	Closet Casing	0.1	AM L N/A	Y					(1)	Int Stops	0.1	MM AM L N/A	Y				
C	Closet Jamb	0.1	AM L N/A	Y					1	Win Int Sash	0.1	MM AM L N/A	Y				
D	Closet Walls	0.1	AM L N/A	Y					2	Exterior Sill	6.3	(MM) SF (L) N/A	Y				
(1)	Closet Baseboard	0.1	AM L N/A	Y					(3)	Part Bead	6.4	(MM) (L) N/A	Y				
2	Closet Pole	0.1	AM L N/A	Y					4	Blind Stop	5.2	(MM) SF L N/A	Y				
3	Closet Shelf	0.1	AM L N/A	Y					(1)	Win Ext Sash	5.9	(MM) L N/A	Y				
4	Closet Supports	0.1	AM L N/A	Y					A B	Fireplace	0.1	AM L N/A	Y				
(1)	Closet Floor	0.1	AM L N/A	Y					C D	Mantle	0.1	AM L N/A	Y				
(1)	Closet Ceiling	0.1	AM L N/A	Y					A B	Win Above S	0.1	AM L N/A	Y				
COMMENTS / STRUCTURAL DEFECTS:									(1)	Ceiling Molding	0.1	AM L N/A	Y				
EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.																	
SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD	SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD								

LURA RepRoom, 8/08

Christina Caulfield
Inspector (print)

M-1950
Lic #

Christina Caulfield
Signature

03-13-14
Date

Page 12 of 24

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

184 E Side Pkwy Apt. #

City: Newton

CONTINUATION OF ROOM (5)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.0	MI AM L N/A	Y					A	Window Sill	MI	AM L N/A	Y				
B	Win Apron	0.2	AM L N/A	Y					B	Win Apron	MI	AM L N/A	Y				
C	Win Casing	0.4	AM L N/A	Y					C	Win Casing	MI	AM L N/A	Y				
D	Header Stop	0.0	MI AM L N/A	Y					D	Header Stop	MI	AM L N/A	Y				
	Int Stops	0.1	MI AM L N/A	Y						Int Stops	MI	AM L N/A	Y				
#	Win Int Sash	0.2	MI AM L N/A	Y					#	Win Int Sash	MI	AM L N/A	Y				
	Exterior Sill	39 (M)	SF L N/A	Y	120					Exterior Sill	MI	SF L N/A	Y				
	Part Bead	60 (M)	L N/A	Y						Part Bead	MI	L N/A	Y				
	Blind Stop	62 (M)	SF L N/A	Y						Blind Stop	MI	SF L N/A	Y				
	Win Ext Sash	58 (M)	L N/A	Y						Win Ext Sash	MI	L N/A	Y				
A	Window Sill	MI	AM L N/A	Y					A	Window Sill	MI	AM L N/A	Y				
B	Win Apron	MI	AM L N/A	Y					B	Win Apron	MI	AM L N/A	Y				
C	Win Casing	MI	AM L N/A	Y					C	Win Casing	MI	AM L N/A	Y				
D	Header Stop	MI	AM L N/A	Y					D	Header Stop	MI	AM L N/A	Y				
	Int Stops	MI	AM L N/A	Y						Int Stops	MI	AM L N/A	Y				
#	Win Int Sash	MI	AM L N/A	Y					#	Win Int Sash	MI	AM L N/A	Y				
	Exterior Sill	MI	SF L N/A	Y						Exterior Sill	MI	SF L N/A	Y				
	Part Bead	MI	L N/A	Y						Part Bead	MI	L N/A	Y				
	Blind Stop	MI	SF L N/A	Y						Blind Stop	MI	SF L N/A	Y				
	Win Ext Sash	MI	L N/A	Y						Win Ext Sash	MI	L N/A	Y				
A	Window Sill	MI	AM L N/A	Y					A	Window Sill	MI	AM L N/A	Y				
B	Win Apron	MI	AM L N/A	Y					B	Win Apron	MI	AM L N/A	Y				
C	Win Casing	MI	AM L N/A	Y					C	Win Casing	MI	AM L N/A	Y				
D	Header Stop	MI	AM L N/A	Y					D	Header Stop	MI	AM L N/A	Y				
	Int Stops	MI	AM L N/A	Y						Int Stops	MI	AM L N/A	Y				
#	Win Int Sash	MI	AM L N/A	Y					#	Win Int Sash	MI	AM L N/A	Y				
	Exterior Sill	MI	SF L N/A	Y						Exterior Sill	MI	SF L N/A	Y				
	Part Bead	MI	L N/A	Y						Part Bead	MI	L N/A	Y				
	Blind Stop	MI	SF L N/A	Y						Blind Stop	MI	SF L N/A	Y				
	Win Ext Sash	MI	L N/A	Y						Win Ext Sash	MI	L N/A	Y				
			AM L N/A	Y								AM L N/A	Y				
			AM L N/A	Y								AM L N/A	Y				
			AM L N/A	Y								AM L N/A	Y				
			AM L N/A	Y								AM L N/A	Y				
			AM L N/A	Y								AM L N/A	Y				
			AM L N/A	Y								AM L N/A	Y				
COMMENTS / STRUCTURAL DEFECTS:									COMMENTS / STRUCTURAL DEFECTS:								

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD	SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

L/RRA RepRoomCont (W), 8/08

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Dato

City: ALBANY

LIRA RepRoom, 8/08

Inspector (print) Christine Caulfield M-1450 Lic # Christine Caulfield Signature 05-13-14 Date

Page 14 of 24

Risk Assessor (print) 184 E SIDE PKWY Lic # PKWY Signature Newton Date

KITCHEN

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	99	AM L N/A	Y	604				A	Window Sill	0.1	MI AM L N/A	Y				
A B	Low Walls	93	AM L N/A	Y	1				B	Win Apron		AM L N/A	Y				
A B	Baseboards	0.1	AM L N/A	Y					C	Win Casing	0.3	AM L N/A	Y				
A B	Chair Rail		AM L N/A	Y					D	Header Stop	0.1	MI AM L N/A	Y				
A B	Radiator		AM L N/A	Y						Int Stops	0.2	MI AM L N/A	Y				
A B	Floor	0.6	AM L N/A	Y					1	Win Int Sash	0.0	MI AM L N/A	Y				
A B	Ceiling	0.0	AM L N/A	Y					2	Exterior Sill	4.9	MI SF L N/A	Y				
A B	Door	0.2	AM L N/A	Y					3	Part Bead	6.3	MI (L) N/A	Y				
C D	Door Casing	0.1	AM L N/A	Y					4	Blind Stop	4.8	MI SF (L) N/A	Y				
D	Door Jamb	0.0	AM L N/A	Y						Win Ext Sash	6.2	MI (L) N/A	Y				
3 4	Threshold	0.2	AM L N/A	Y					A	Window Sill	0.2	MI AM L N/A	Y				
A B	Door	0.0	AM L N/A	Y					B	Win Apron	0.1	AM L N/A	Y				
C D	Door Casing	0.3	AM L N/A	Y					C	Win Casing	0.2	AM L N/A	Y				
2	Door Jamb	0.2	AM L N/A	Y					D	Header Stop	0.3	MI AM L N/A	Y				
3 4	Threshold	0.1	AM L N/A	Y						Int Stops	0.1	MI AM L N/A	Y				
A B	Door		AM L N/A	Y					1	Win Int Sash	0.1	MI AM L N/A	Y				
C D	Door Casing	0.2	AM L N/A	Y					2	Exterior Sill	4.2	MI SF (L) N/A	Y				
3 4	Threshold	0.1	AM L N/A	Y					3	Part Bead	5.0	MI (L) N/A	Y				
A B	Door	0.0	AM L N/A	Y					4	Blind Stop	5.9	MI SF (L) N/A	Y				
C D	Door Casing	0.2	AM L N/A	Y						Win Ext Sash	5.0	MI (L) N/A	Y				
D	Door Jamb	0.1	AM L N/A	Y					A B	Up Cab Frame	0.2	AM L N/A	Y				
3 4	Threshold	0.1	AM L N/A	Y					C D	Up Cab Door	0.1	AM L N/A	Y				
A	Closet Door		AM L N/A	Y						Up Cab Walls	0.2	AM L N/A	Y				
B	Cl Casing		AM L N/A	Y					1 2	Up Cab Shlvs	0.0	AM L N/A	Y				
C	Closet Jamb		AM L N/A	Y					3 4	Supports	0.3	AM L N/A	Y				
D	Closet Walls		AM L N/A	Y						Low Cab Frame	0.1	AM L N/A	Y				
1	Cl Baseboard		AM L N/A	Y					A B	Low Cab Door	0.0	AM L N/A	Y				
2	Closet Pole		AM L N/A	Y					C D	Low Cab Walls	0.2	AM L N/A	Y				
3	Closet Shell		AM L N/A	Y						Low Cab Shlvs	0.3	AM L N/A	Y				
4	Cl Supports		AM L N/A	Y					1 2	Supports	0.1	AM L N/A	Y				
	Closet Floor		AM L N/A	Y					3 4	Drawers	0.1	AM L N/A	Y				
	Closet Ceiling		AM L N/A	Y					A B	Win Above S		MI AM L N/A	Y				
COMMENTS / STRUCTURAL DEFECTS: <i>add D3 unit rep</i>									B	Cabinet	0.6	MI AM L N/A	Y				
										tile		MI AM L N/A	Y				
												MI AM L N/A	Y				
												MI AM L N/A	Y				

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD	SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

LURA RepKitchen, 8/08

Inspector (print) Christine Carefield M-1950 Christine Carefield 05-13-14 Date
 Lic # _____ Signature _____
 Page 5 of 54

Risk Assessor (print) _____ Lic # _____ Signature _____ Date _____
 Address of Property: 184 E SIDE PKWY Apt. # _____ City: NEWTON

BATHROOM #	SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
1	A B	Up Walls	0.1	AM L N/A	Y				
	A B	Low Walls	0.1	AM L N/A	Y				
	A B	Baseboards	0.1	AM L N/A	Y				
	A B	Chair Rail	0.1	AM L N/A	Y				
	A B	Radiator	0.4	AM L N/A	Y				
	A B	Floor	0.1	AM L N/A	Y				
	A B	Ceiling	0.1	AM L N/A	Y				
	A B	Door	0.5	AM L N/A	Y				
	A B	Door Casing	0.7	AM L N/A	Y				
	A B	Door Jamb	0.7	AM L N/A	Y				
	A B	Threshold	0.1	AM L N/A	Y				
	A B	Door		AM L N/A	Y				
	A B	Door Casing		AM L N/A	Y				
	A B	Door Jamb		AM L N/A	Y				
	A B	Threshold		AM L N/A	Y				
2	A	Closet Door		AM L N/A	Y				
	B	Cl Casing		AM L N/A	Y				
	C	Closet Jamb		AM L N/A	Y				
	D	Closet Walls		AM L N/A	Y				
		Cl Baseboard		AM L N/A	Y				
	1	Closet Pole		AM L N/A	Y				
	2	Closet Shelf		AM L N/A	Y				
	3	Cl Supports		AM L N/A	Y				
	4	Closet Floor		AM L N/A	Y				
		Closet Ceiling		AM L N/A	Y				
	A B	Up Cab Frame	0.2	AM L N/A	Y				
	C D	Up Cab Door	0.1	AM L N/A	Y				
		Up Cab Walls	0.3	AM L N/A	Y				
	A B	Up Cab Shlvs	0.3	AM L N/A	Y				
	3 4	Supports	0.1	AM L N/A	Y				
3	A B	Low Cab Fram		AM L N/A	Y				
	A B	Low Cab Door		AM L N/A	Y				
	C D	Low Cab Walls		AM L N/A	Y				
		Low Cab Shlvs		AM L N/A	Y				
	1 2	Supports		AM L N/A	Y				
	3 4	Drawers		AM L N/A	Y				
	A	Window Sill	2.5	AM L N/A	Y				
	B	Win Apron	6.1	AM L N/A	Y				
	C	Win Casing	6.7	AM L N/A	Y				
	D	Header Stop	8.7	AM L N/A	Y				
		Int Stops	9.2	AM L N/A	Y				
	1	Win Int Sash	9.0	AM L N/A	Y				
	2	Exterior Sill	9.3	SF L N/A	Y				
	3	Part Bead	8.2	AM L N/A	Y				
	4	Blind Stop	7.3	SF L N/A	Y				
		Win Ext Sash	9.1	AM L N/A	Y				
4	A B	Win Above 5'		MI AM L N/A	Y				
	A B	Casing Molding		MI AM L N/A	Y				
	A B	Medicine Cab		MI AM L N/A	Y				
	A B	Wall O/C		MI AM L N/A	Y				
				MI AM L N/A	Y				
				MI AM L N/A	Y				
				MI AM L N/A	Y				
				MI AM L N/A	Y				
				MI AM L N/A	Y				
				MI AM L N/A	Y				
				MI AM L N/A	Y				
				MI AM L N/A	Y				
				MI AM L N/A	Y				
				MI AM L N/A	Y				
				MI AM L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:
 tile 9.9 mg/cm2 but intact on 05-13-14

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.									
SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD	SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

Christine Caultfield
Inspector (print)

M-1950
Lic #

Signature

05-13-14
Date

Page 16 of 24

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

184 E SIDE PKWY Apt. #

City: NEWTON

HALLWAY: Interior #

1

Common Hallway: Front Rear Floor #

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.1	AM L N/A	Y					A	Closet Door		AM L N/A	Y				
A B C D	Low Walls	0.3	AM L N/A	Y					B	Cl Casing		AM L N/A	Y				
A B C D	Baseboards	0.0	AM L N/A	Y					C	Closet Jamb		AM L N/A	Y				
A B C D	Chair Rail		AM L N/A	Y					D	Closet Walls		AM L N/A	Y				
A B C D	Radiator		AM L N/A	Y						Cl Baseboard		AM L N/A	Y				
A B C D	Floor	0.1	AM L N/A	Y					1	Closet Pole		AM L N/A	Y				
A B C D	Ceiling	0.2	AM L N/A	Y					2	Closet Shelf		AM L N/A	Y				
A B C D	Door	0.2	AM L N/A	Y					3	Cl Supports		AM L N/A	Y				
A B C D	Door Casing	0.1	AM L N/A	Y					4	Closet Floor		AM L N/A	Y				
A B C D	Door Jamb	0.2	AM L N/A	Y						Closet Ceiling		AM L N/A	Y				
A B C D	Threshold	0.2	AM L N/A	Y					A	Window Sill		AM L N/A	Y				
A B C D	Door Casing	0.2	AM L N/A	Y					B	Win Apron		AM L N/A	Y				
A B C D	Door Casing	0.1	AM L N/A	Y					C	Win Casing		AM L N/A	Y				
A B C D	Door Jamb	0.0	AM L N/A	Y					D	Header Stop		AM L N/A	Y				
A B C D	Threshold	0.2	AM L N/A	Y						Int Stops		AM L N/A	Y				
A B C D	Door Casing	0.1	AM L N/A	Y					1	Win Int Sash		AM L N/A	Y				
A B C D	Door Casing	0.2	AM L N/A	Y					2	Exterior Sill		AM L N/A	Y				
A B C D	Door Jamb	0.0	AM L N/A	Y					3	Part Bead		AM L N/A	Y				
A B C D	Threshold	0.1	AM L N/A	Y					4	Blind Stop		AM L N/A	Y				
A B C D	Door Casing	0.1	AM L N/A	Y						Win Ext Sash		AM L N/A	Y				
A B C D	Door Casing	0.1	AM L N/A	Y					A	Window Sill		AM L N/A	Y				
A B C D	Door Jamb	0.2	AM L N/A	Y					B	Win Apron		AM L N/A	Y				
A B C D	Threshold	0.1	AM L N/A	Y					C	Win Casing		AM L N/A	Y				
A B C D	Door Casing	0.2	AM L N/A	Y					D	Header Stop		AM L N/A	Y				
A B C D	Door Jamb	0.2	AM L N/A	Y						Int Stops		AM L N/A	Y				
A B C D	Threshold	0.1	AM L N/A	Y					1	Win Int Sash		AM L N/A	Y				
A B C D	Closet Door	0.2	AM L N/A	Y					2	Exterior Sill		AM L N/A	Y				
A B C D	Cl Casing	0.1	AM L N/A	Y					3	Part Bead		AM L N/A	Y				
A B C D	Closet Jamb	0.2	AM L N/A	Y					4	Blind Stop		AM L N/A	Y				
A B C D	Closet Walls	0.0	AM L N/A	Y						Win Ext Sash		AM L N/A	Y				
A B C D	Cl Baseboard	0.1	AM L N/A	Y													
A B C D	Closet Pole		AM L N/A	Y													
A B C D	Closet Shelf	0.0	AM L N/A	Y													
A B C D	Cl Supports	0.2	AM L N/A	Y													
A B C D	Closet Floor	0.1	AM L N/A	Y													
A B C D	Closet Ceiling	0.1	AM L N/A	Y													

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD	SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

LURA Rept#11, 8/08

Christina Caulfield
Inspector (print)

M-1950
Lic #

Signature

05-13-14
Date

Page 17 of 24

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

184 E. Side Pkwy Apt #

City:

Newton

HALLWAY: Interior # 2

or

Common Hallway: Front

Rear

Floor #

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	78	AM L N/A	Y	5			
A B C D	Low Walls	78	AM L N/A	Y	5			
A B C D	Baseboards	0.1	AM L N/A	Y				
A B C D	Chair Rail		AM L N/A	Y				
A B C D	Radiator		AM L N/A	Y				
A B C D	Floor	0.0	AM L N/A	Y				
A B C D	Ceiling	0.1	AM L N/A	Y				
A B C D	Door	0.3	AM L N/A	Y				
A B C D	Door Casing	0.0	AM L N/A	Y				
A B C D	Door Jamb	0.1	AM L N/A	Y				
A B C D	Threshold	0.0	AM L N/A	Y				
A B C D	Door	0.0	AM L N/A	Y				
A B C D	Door Casing	0.0	AM L N/A	Y				
A B C D	Door Jamb	0.2	AM L N/A	Y				
A B C D	Threshold	0.3	AM L N/A	Y				
A B C D	Door	0.1	AM L N/A	Y				
A B C D	Door Casing	0.0	AM L N/A	Y				
A B C D	Door Jamb	0.2	AM L N/A	Y				
A B C D	Threshold	0.1	AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing		AM L N/A	Y				
A B C D	Door Jamb		AM L N/A	Y				
A B C D	Threshold		AM L N/A	Y				
A B C D	Door		AM L N/A	Y				
A B C D	Door Casing							

Christine Caulfield
Inspector (print)

M-1950
Lic #

Christine Caulfield
Signature

05-13-14
Date

Page 18 of 24

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 184 E Side Pkwy

Apt. #

City: Newton

STAIRCASE

REAR STAIRS

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	9.9	AM L N/A	Y	5			
A B	Low Walls	9.9	AM L N/A	Y	5			
A B	Baseboards	0.1	AM L N/A	Y				
A B	Chalk Rail		AM L N/A	Y				
A B	Radiator		AM L N/A	Y				
A B	Floor	2.2	AM L N/A	Y				
A B	Ceiling	0.0	AM L N/A	Y				
A B	Door	0.0	AM L N/A	Y				
C D	Door Casing	0.2	AM L N/A	Y				
3 2	Door Jamb	0.1	AM L N/A	Y				
3 4	Threshold	0.1	AM L N/A	Y				
A B	Door	0.2	AM L N/A	Y				
C D	Door Casing	0.3	AM L N/A	Y				
3 2	Door Jamb	0.0	AM L N/A	Y				
3 4	Threshold	0.1	AM L N/A	Y				
A B	Door	0.0	AM L N/A	Y				
C D	Door Casing	0.2	AM L N/A	Y				
3 2	Door Jamb	0.0	AM L N/A	Y				
3 4	Threshold	0.1	AM L N/A	Y				
A B	Door	0.4	AM L N/A	Y				
C D	Door Casing	0.4	AM L N/A	Y				
3 2	Door Jamb	0.0	AM L N/A	Y				
3 4	Threshold	0.0	AM L N/A	Y				
A B	Door		AM L N/A	Y				
C D	Door Casing		AM L N/A	Y				
3 2	Door Jamb		AM L N/A	Y				
3 4	Threshold		AM L N/A	Y				
A	Closest Door		AM L N/A	Y				
B	CI Casing		AM L N/A	Y				
C	Closest Jamb		AM L N/A	Y				
D	Closest Walls		AM L N/A	Y				
1	CI Baseboard		AM L N/A	Y				
2	Closest Pole		AM L N/A	Y				
3	Closest Shelf		AM L N/A	Y				
4	CI Supports		AM L N/A	Y				
	Closest Floor		AM L N/A	Y				
	Closest Ceiling		AM L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.2	AM L N/A	Y				
B	Win Apron	0.1	AM L N/A	Y				
C	Win Casing	0.3	AM L N/A	Y				
D	Header Stop	0.3	AM L N/A	Y				
	Int Stops	0.1	AM L N/A	Y				
1	Win Int Sash	0.0	AM L N/A	Y				
2	Exterior Sill	0.3	SF L N/A	Y				
3	Part Board	0.3	AM L N/A	Y				
4	Blind Stop	0.1	SF L N/A	Y				
	Win Ext Sash	0.4	AM L N/A	Y				
A	Window Sill		AM L N/A	Y				
B	Win Apron		AM L N/A	Y				
C	Win Casing		AM L N/A	Y				
D	Header Stop		AM L N/A	Y				
	Int Stops		AM L N/A	Y				
1	Win Int Sash		AM L N/A	Y				
2	Exterior Sill		SF L N/A	Y				
3	Part Board		AM L N/A	Y				
4	Blind Stop		SF L N/A	Y				
	Win Ext Sash		AM L N/A	Y				
	Novel Post		AM L N/A	Y				
	Railing Cap		AM L N/A	Y				
	Handrail		AM L N/A	Y				
	Belusters		AM L N/A	Y				
	Lower rail		AM L N/A	Y				
	Treads	0.1	AM L N/A	Y				
	Risers	0.2	AM L N/A	Y				
	Slings		AM L N/A	Y				
	Floor Edge	0.0	AM L N/A	Y				
	Floor Casing	0.2	AM L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

CPROK Repaint, 3/2018

Page 19 of 24

City: Newtown

Front stairs

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELE METH
A	Window Sill	0.2	M1	AM	L	N/A	Y	
B	Win Apron	0.1	AM	L	N/A	Y		
C	Win Casing	0.3	AM	L	N/A	Y		
D	Header Slop	0.1	M1	AM	L	N/A	Y	
	Int Slops	0.1	M1	AM	L	N/A	Y	
1	Win Int Sash	0.2	M1	AM	L	N/A	Y	
2	Exterior Sill	0.8	M1	SF	L	N/A	Y	Red
3	Part Bead	0.3	M1	L	N/A	Y		
4	Blind Slop	0.2	M1	SF	L	N/A	Y	
	Win Ext Sash	0.1	M1	L	N/A	Y		
A	Window Sill	.	M1	AM	L	N/A	Y	
B	Win Apron	.	AM	L	N/A	Y		
C	Win Casing	.	AM	L	N/A	Y		
D	Header Slop	.	M1	AM	L	N/A	Y	
	Int Slops	.	M1	AM	L	N/A	Y	
1	Win Int Sash	.	M1	AM	L	N/A	Y	
2	Exterior Sill	.	M1	SF	L	N/A	Y	
3	Part Bead	.	M1	L	N/A	Y		
4	Blind Slop	.	M1	SF	L	N/A	Y	
	Win Ext Sash	.	M1	L	N/A	Y		
	Novel Post	/	AM	L	N/A	Y		
	Railing Cap	/	AM	L	N/A	Y		
	Handrail	0.0	AM	L	N/A	Y		
	Bakstels	/	AM	L	N/A	Y		
	Lower rail	/	AM	L	N/A	Y		
	Treads	0.3	AM	L	N/A	Y		
	Risers	0.1	AM	L	N/A	Y		
	Stringer	/	AM	L	N/A	Y		
	Floor Edge	0.2	AM	L	N/A	Y		
	Floor Casing	0.2	AM	L	N/A	Y		
			M1	AM	L	N/A	Y	

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed dealer.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

Christine Caulfield
Inspector (print)

M-1950
Lic #

Christine Caulfield
Signature Date

Page 20 of 24

Risk Assessor (print)

Lic #

Signature

Date

Address of Property

184

E Side

Pkwy

City

Newton

PORCH A B C D (circle one) 1st fl (2nd fl) 3rd fl 4th fl (circle one)

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Siding	02	L N/A	Y						Support Clmns		AM L N/A	Y				
C D	Corner Boards		L N/A	Y						Newel post		AM L N/A	Y				
	Upper Trim		L N/A	Y						Rolling Cap		AM L N/A	Y				
	Ceiling	DC	L N/A	Y						Handrail		AM L N/A	Y				
	Joists		L N/A	Y						Balusters		AM L N/A	Y				
A	Door	80	AM L N/A	Y	S					Lower Rail		AM L N/A	Y				
B	Storm Door		AM L N/A	Y						Treads		AM L N/A	Y				
C	Door Casing	99	AM L N/A	Y	R					Risers		AM L N/A	Y				
D	Door Jamb	99	AM L N/A	Y	S					Stinger		AM L N/A	Y				
12	Threshold	18	AM L N/A	Y	S					Lower Walls		AM L N/A	Y				
34	Kickplate	80	AM L N/A	Y						Lattice		AM L N/A	Y				
A	Door		AM L N/A	Y						Lower Trim		AM L N/A	Y				
B	Storm Door		AM L N/A	Y						Floor	CA	AM L N/A	Y				
C	Door Casing		AM L N/A	Y								AM L N/A	Y				
D	Door Jamb		AM L N/A	Y								AM L N/A	Y				
12	Threshold		AM L N/A	Y								AM L N/A	Y				
34	Kickplate		AM L N/A	Y								AM L N/A	Y				
A B	Window Sill	83	AM L N/A	Y	Slidem R							AM L N/A	Y				
CD	Win Casing	90	AM L N/A	Y								AM L N/A	Y				
12	Window Sash	99	AM L N/A	Y								AM L N/A	Y				
34	Mullions	90	AM L N/A	Y								AM L N/A	Y				
A B	Window Sill	84	AM L N/A	Y	Slidem R							AM L N/A	Y				
CD	Win Casing	90	AM L N/A	Y								AM L N/A	Y				
12	Window Sash	91	AM L N/A	Y								AM L N/A	Y				
34	Mullions	99	AM L N/A	Y								AM L N/A	Y				
A B	Window Sill		AM L N/A	Y								AM L N/A	Y				
CD	Win Casing		AM L N/A	Y								AM L N/A	Y				
12	Window Sash		AM L N/A	Y								AM L N/A	Y				
34	Mullions		AM L N/A	Y								AM L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 1440 SQ. IN.)	IC DATE	IC METHOD

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

CVCA Reprint, 1005

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EXTERIOR A Side

(Must be less than 400 ppm for play area / 1200 ppm for bare soil)

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 1440 SQ. IN.)	IC DATE	IC METH	LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
A					Play Area				
A					Bare soil				
A					Comments:				
A									

Christina Caulfield
Inspector (print)

M-1950
Lic #

Christina Caulfield
Signature

05-13-14
Date

Page 22 of 24

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 184 E Side Pkwy Apt. #

City: Newton

EXTERIOR B Side

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG	IC	IC DATE	IC METH	DELEAD DATE	DELEAD METH
B	Siding	68	L N/A	Y	MZ				
B	Corner Boards		L N/A	Y					
B	Lower Trim		L N/A	Y					
B	Upper Trim	33	L N/A	Y	MZ				
B	Win Above 5'	90	L N/A	Y	MZ				
B	Porch Above 5'		L N/A	Y					
B	Storm Door		AM L N/A	Y					
B	Door		AM L N/A	Y					
B	Door Casing		AM L N/A	Y					
1 2	Door Jamb		AM L N/A	Y					
3 4	Threshold		AM L N/A	Y					
B	Kickplate		AM L N/A	Y					
B	Storm Door		AM L N/A	Y					
B	Door		AM L N/A	Y					
B	Door Casing		AM L N/A	Y					
1 2	Door Jamb		AM L N/A	Y					
3 4	Threshold		AM L N/A	Y					
B	Kickplate		AM L N/A	Y					
B	Door		AM L N/A	Y					
B	Door Casing		AM L N/A	Y					
1 2	Door Jamb		AM L N/A	Y					
3 4	Threshold		AM L N/A	Y					
B	Window Sill	36	AM L N/A	Y	5				
B	Win Casing	62	AM L N/A	Y	1				
# 2	Window Sash	VR	AM L N/A	Y					
B	Window Sill	CA	AM L N/A	Y					
B	Win Casing	CA	AM L N/A	Y					
# 1	Window Sash	VR	AM L N/A	Y					
B	Window Sill	30	AM L N/A	Y	5				
B	Win Casing	29	AM L N/A	Y	1				
# 3	Window Sash	VR	AM L N/A	Y					
B	Lamp Post		L N/A	Y					

COMMENTS / STRUCTURAL DEFECTS:

Excluded Surfaces: Surfaces listed in this box can be made intact only by a licensed deleader

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 1440 SQ. IN.)	IC DATE	IC METH
A				
A				
A				
A				
A				

LUDA Rep Co LLC, 8/09

Soil Test Results

(Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare soil				
Comments:				

Christine Caulfield
Inspector (print)

M-1950
Lic #

Christine Caulfield
Signature

05-13-14
Date

Page 23 of 24

Risk Assessor (print)

Lic #

Signature

Date

Address of Property: 184 E Side Pkwy

Apt. #

City: Newton

EXTERIOR C Side

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
C	Siding	9.9	L N/A	Y	m2			
C	Corner Boards		L N/A	Y				
C	Lower Trim		L N/A	Y				
C	Upper Trim	8.2	L N/A	Y	m2			
C	Win Above S	6.1	L N/A	Y	m2			
C	Porch Above S		L N/A	Y				
C	Storm Door	18.1	AM L N/A	Y				
C	Door	2.8	AM L N/A	Y	1			
C	Door Casing	3.5	AM L N/A	Y				
C	Door Jamb	3.9	AM L N/A	Y				
C	Threshold	3.4	AM L N/A	Y				
C	Kickplate	0.0	AM L N/A	Y				
C	Storm Door		AM L N/A	Y				
C	Door		AM L N/A	Y				
C	Door Casing		AM L N/A	Y				
C	Door Jamb		AM L N/A	Y				
C	Threshold		AM L N/A	Y				
C	Kickplate		AM L N/A	Y				
C	Door		AM L N/A	Y				
C	Door Casing		AM L N/A	Y				
C	Door Jamb		AM L N/A	Y				
C	Threshold		AM L N/A	Y				
C	Window Sill	0.1	AM L N/A	Y				
C	Win Casing	0.1	AM L N/A	Y				
C	Window Sash	0.1	AM L N/A	Y				
C	Window Sill		AM L N/A	Y				
C	Win Casing		AM L N/A	Y				
C	Window Sash		AM L N/A	Y				
C	Window Sill		AM L N/A	Y				
C	Win Casing		AM L N/A	Y				
C	Window Sash		AM L N/A	Y				
C	Lamp Post		L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

Excluded Surfaces: Surfaces listed in this box can be made
intact only by a licensed deleader

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 1440 SQ. IN.)	IC DATE	IC METH
A				
A				
A				
A				
A				

1/1/14 Reprint 8-08

Soil Test Results

(Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare soil				
Comments:				

Christino Caulfield
Inspector (print)

M-1950
Lic #

Signature

05-13-14
Date

Page 24 of 24

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

184 E Side Pkwy Apt. #

City: Newton

EXTERIOR D Side

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG	IC	IC DATE	IC METH	DELEAD	DELEAD DATE	DELEAD METH
D	Sliding	4.9	AM L N/A	Y	ME					
D	Corner Boards		L N/A	Y						
D	Lower Trim		L N/A	Y						
D	Upper Trim	8.2	AM L N/A	Y	ME					
D	Win Above 5'	3.5	AM L N/A	Y	ME					
D	Porch Above 5'		L N/A	Y						
D	Storm Door		AM L N/A	Y						
D	Door	4.0	AM L N/A	Y	R					
D	Door Casing	4.9	AM L N/A	Y						
D	Door Jamb	5.2	AM L N/A	Y						
D	Threshold	0.0	AM L N/A	Y						
D	Kickplate		AM L N/A	Y						
D	Storm Door		AM L N/A	Y						
D	Door Casing	3.0	AM L N/A	Y	5					
D	Door Jamb	3.9	AM L N/A	Y						
D	Threshold	1.2	AM L N/A	Y						
D	Kickplate	0.0	AM L N/A	Y						
D	Door	0.0	AM L N/A	Y						
D	Door Casing	0.2	AM L N/A	Y						
D	Door Jamb	0.1	AM L N/A	Y						
D	Threshold	ME	AM L N/A	Y						
D	Window Sill		AM L N/A	Y						
D	Win Casing		AM L N/A	Y						
D	Window Sash		AM L N/A	Y						
D	Window Sill		AM L N/A	Y						
D	Win Casing		AM L N/A	Y						
D	Window Sash		AM L N/A	Y						
D	Window Sill		AM L N/A	Y						
D	Win Casing		AM L N/A	Y						
D	Window Sash		AM L N/A	Y						
D	Lamp Post		L N/A	Y						

COMMENTS / STRUCTURAL DEFECTS:

Excluded Surfaces: Surfaces listed in this box can be made intact only by a licensed deleader

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 1440 SQ. IN.)	IC DATE	IC METH
A				
A				
A				
A				
A				

LEAD: PpBul, 8/98

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG	IC	IC DATE	IC METH	DELEAD	DELEAD DATE	DELEAD METH
D	Window Sill		AM L N/A	Y						
D	Win Casing		AM L N/A	Y						
D	Window Sash		AM L N/A	Y						
D	Cellar Win Sill	2.8	AM L N/A	Y	R					
D	Cell Win Sash	4.0	AM L N/A	Y						
D	Cell Win Frame	4.9	AM L N/A	Y						
D	Screen Frame	1.6	AM L N/A	Y						
D	Cellar Win Sill	2.8	AM L N/A	Y	R					
D	Cell Win Sash	3.1	AM L N/A	Y						
D	Cell Win Frame	4.9	AM L N/A	Y						
D	Screen Frame		AM L N/A	Y						
D	Cellar Win Sill	1.7	AM L N/A	Y	R					
D	Cell Win Sash	3.0	AM L N/A	Y						
D	Cell Win Frame	4.0	AM L N/A	Y						
D	Screen Frame		AM L N/A	Y						
D	Cellar Win Sill	1.7	AM L N/A	Y	R					
D	Cell Win Sash	2.8	AM L N/A	Y						
D	Cell Win Frame	7.6	AM L N/A	Y						
D	Screen Frame		AM L N/A	Y						
D	Foundation	0.0	L N/A	Y						
D	Bulkhead		AM L N/A	Y						
D	Fences		AM L N/A	Y						
D	Shutters		AM L N/A	Y						
D	Newel post		AM L N/A	Y						
D	Railing Cap		AM L N/A	Y						
D	Handrail		AM L N/A	Y						
D	Balusters		AM L N/A	Y						
D	Lower Rail		AM L N/A	Y						
D	Treads		AM L N/A	Y						
D	Risers		AM L N/A	Y						
D	Stringer		AM L N/A	Y						
D	Lattice		AM L N/A	Y						
D	Drain Pipes		L N/A	Y						
D	Elec Conduit		L N/A	Y						
D	Oil Fill Pipe		L N/A	Y						
D	Overhang Trim		AM L N/A	Y						

Soil Test Results

(Must be less than 400 ppm for play area / 1200 ppm for bare soil)

LOCATION	AREA MEASUREMENT (Square Feet)	RESULT (PPM)	REMED DATE	REMED METH
Play Area				
Bare soil				
Comments:				

Christino Caulfield M-1950 *Christino Caulfield* 05/29/14 Page 5 of 7
 Inspector (print) Lic # Signature Date

Risk Assessor (print) Lic # Signature Date
 Address of Property: 184 E Side Parkway # City: Newton

GARAGE INTERIOR																			
SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH		SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	
A B C D	Up Walls	0.1	AM L N/A	Y						A	Window Sill		MI A/M L N/A	Y					
A B C D	Low Walls	0.0	AM L N/A	Y						B	Win Apron		AM L N/A	Y					
A B C D	Baseboards	0.0	AM L N/A	Y						C	Win Casing		AM L N/A	Y					
A B C D	Chair Rail		AM L N/A	Y						D	Header Stop		AM A/M L N/A	Y					
A B C D	Stedator		AM L N/A	Y							Int Stops		MI A/M L N/A	Y					
A B C D	Floor	0.0	AM L N/A	Y						1	Win Int Sash		MI A/M L N/A	Y					
A B C D	Ceiling	0.1	AM L N/A	Y						2	Exterior Sill		MI SF L N/A	Y					
A B C D	Door	0.1	AM L N/A	Y						3	Part Bead		MI L N/A	Y					
A B C D	Door Casing	0.0	AM L N/A	Y						4	Blind Stop		MI SF L N/A	Y					
A B C D	Door Jamb	0.2	AM L N/A	Y							Win Ext Sash		MI L N/A	Y					
A B C D	Threshold	0.0	AM L N/A	Y						A	Window Sill		MI A/M L N/A	Y					
A B C D	Door	9.9	AM L N/A	Y						B	Win Apron		AM L N/A	Y					
A B C D	Door Casing	9.8	AM L N/A	Y						C	Win Casing		AM L N/A	Y					
A B C D	Door Jamb	9.7	AM L N/A	Y						D	Header Stop		MI A/M L N/A	Y					
A B C D	Threshold	0.1	AM L N/A	Y							Int Stops		MI A/M L N/A	Y					
A B C D	Door	8.3	AM L N/A	Y						1	Win Int Sash		MI A/M L N/A	Y					
A B C D	Door Casing	9.9	AM L N/A	Y						2	Exterior Sill		MI SF L N/A	Y					
A B C D	Door Jamb	9.9	AM L N/A	Y						3	Part Bead		MI L N/A	Y					
A B C D	Threshold	0.2	AM L N/A	Y						4	Blind Stop		MI SF L N/A	Y					
A B C D	Door		AM L N/A	Y							Win Ext Sash		MI L N/A	Y					
A B C D	Door Casing		AM L N/A	Y						A	Window Sill		MI A/M L N/A	Y					
A B C D	Door Jamb		AM L N/A	Y						B	Win Apron		AM L N/A	Y					
A B C D	Threshold		AM L N/A	Y						C	Win Casing		AM L N/A	Y					
A B C D	Close Door		AM L N/A	Y						D	Header Stop		MI A/M L N/A	Y					
A B C D	Close Casing		AM L N/A	Y							Int Stops		MI A/M L N/A	Y					
A B C D	Close Jamb		AM L N/A	Y						1	Win Int Sash		MI A/M L N/A	Y					
A B C D	Close Walls		AM L N/A	Y						2	Exterior Sill		MI SF L N/A	Y					
A B C D	Close Baseboard		AM L N/A	Y						3	Part Bead		MI L N/A	Y					
A B C D	Close Pole		AM L N/A	Y						4	Blind Stop		MI SF L N/A	Y					
A B C D	Close Shelf		AM L N/A	Y							Win Ext Sash		MI L N/A	Y					
A B C D	Close Supports		AM L N/A	Y						A B	Fireplace		AM L N/A	Y					
A B C D	Close Floor		AM L N/A	Y						C D	Mantle		AM L N/A	Y					
A B C D	Close Ceiling		AM L N/A	Y						A B C D	Win Above S		AM L N/A	Y					
COMMENTS / STRUCTURAL DEFECTS:											Ceiling Molding		AM L N/A	Y					
										B	AM Wall	0.1	AM L N/A	Y					
										1	metal		AM L N/A	Y					
											oclain	0.2	AM L N/A	Y					

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 200 SQ. IN.)	IC DATE	IC METH	SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 200 SQ. IN.)	IC DATE	IC METH

LURA RepRoom, 8/08

Christine Cavallaro
Inspector (print)

M-1950
Lic #

Christine Cavallaro
Signature

05-29-14
Date

Page 6 of 7

Risk Assessor (print)

Lic #

Signature

Date

Address of Property

184 E Side Parkway

Appt #

City: Newton

ROOM #

LAUNDRY ROOM

SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Up Walls	0.0	AM L N/A	Y					A	Window Sill	0.0	AM AM L N/A	Y				
C D	Low Walls	0.2	AM L N/A	Y					B	Win Apron	0.2	AM L N/A	Y				
A B	Baseboards	0.0	AM L N/A	Y					C	Win Casing	0.3	AM L N/A	Y				
C D	Chair Rail		AM L N/A	Y					D	Header Stop	0.0	MI AM L N/A	Y				
A B	Radiator		AM L N/A	Y					1	Int Slop	0.1	MI AM L N/A	Y				
C D	Floor	0.0	AM L N/A	Y					2	Win Int Sash	8.2	MI AM L N/A	Y				
A B	Ceiling	0.3	AM L N/A	Y					3	Exterior Sill		MI SF L N/A	Y				
C D	Door	0.0	AM L N/A	Y					4	Part Bead		MI L N/A	Y				
A B	Door Casing	0.3	AM L N/A	Y					5	Blind Stop		MI SF L N/A	Y				
C D	Door Jamb	0.1	AM L N/A	Y					6	Win Ext Sash	2.8	MI L N/A	Y				
A B	Threshold	0.1	AM L N/A	Y					A	Window Sill	0.3	MI AM L N/A	Y				
C D	Door	0.0	AM L N/A	Y					B	Win Apron	0.0	AM L N/A	Y				
A B	Door Casing	0.3	AM L N/A	Y					C	Win Casing	0.4	AM L N/A	Y				
C D	Door Jamb	0.1	AM L N/A	Y					D	Header Stop	0.2	MI AM L N/A	Y				
A B	Threshold	0.4	AM L N/A	Y					1	Int Slop	0.1	MI AM L N/A	Y				
C D	W.D.O.S.		AM L N/A	Y					2	Win Int Sash	7.3	MI AM L N/A	Y				
A B	W.D.O.S.		AM L N/A	Y					3	Exterior Sill		MI SF L N/A	Y				
C D	Door Jamb		AM L N/A	Y					4	Part Bead		MI L N/A	Y				
A B	Threshold		AM L N/A	Y					5	Blind Stop		MI SF L N/A	Y				
C D	Lower		AM L N/A	Y					6	Win Ext Sash	3.0	MI L N/A	Y				
A B	Cabinet	0.0	AM L N/A	Y					A	Window Sill		MI AM L N/A	Y				
C D	Door Jamb		AM L N/A	Y					B	Win Apron		AM L N/A	Y				
A B	Threshold		AM L N/A	Y					C	Win Casing		AM L N/A	Y				
C D	Upper		AM L N/A	Y					D	Header Stop		MI AM L N/A	Y				
A B	Cabinet	0.0	AM L N/A	Y					1	Int Slop		MI AM L N/A	Y				
C D	Closet Jamb		AM L N/A	Y					2	Win Int Sash		MI AM L N/A	Y				
A B	Closet Wall		AM L N/A	Y					3	Exterior Sill		MI SF L N/A	Y				
C D	Columns	0.2	AM L N/A	Y					4	Part Bead		MI L N/A	Y				
A B	Sink	0.1	AM L N/A	Y					5	Blind Stop		MI SF L N/A	Y				
C D	Sink Frame	0.0	AM L N/A	Y					6	Win Ext Sash		MI L N/A	Y				
A B	Closet Floor		AM L N/A	Y					AB	Fireplace		AM L N/A	Y				
C D	Closet Ceiling		AM L N/A	Y					CD	Mantle		AM L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

cellar windows above S1

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD	SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

LJRA RepRoom, 8/08

Christine Caulfield
Inspector (print)

M-1950
Lic #

Christine Caulfield
Signature

05-29-14
Date

Page 7 of 7

Risk Assessor (print)

Lic #

Signature

Date

Address of Property:

184 E Side Pkwy Apt. #

City: Newton

STAIRCASE

stairs 1st floor to bsmt

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH	SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.0	AM L N/A	Y					A	Window Sill	MI	AM L N/A	Y				
A B C D	Low Walls	0.2	AM L N/A	Y					B	Win Apron	MI	AM L N/A	Y				
A B C D	Baseboards	MI	AM L N/A	Y					C	Win Casing	MI	AM L N/A	Y				
A B C D	Chair Rail	0.4	AM L N/A	Y					D	Header Stop	MI	AM L N/A	Y				
A B C D	Radiator	MI	AM L N/A	Y						Int Stops	MI	AM L N/A	Y				
A B C D	Floor	0.2	AM L N/A	Y					1	Win Int Sash	MI	AM L N/A	Y				
A B C D	Ceiling	0.1	AM L N/A	Y					2	Exterior Sill	MI	SF L N/A	Y				
A B C D	Door	0.0	AM L N/A	Y					3	Part Bead	MI	L N/A	Y				
A B C D	Door Casing	0.2	AM L N/A	Y					4	Blind Stop	MI	SF L N/A	Y				
A B C D	Door Jamb	0.0	AM L N/A	Y						Win Ext Sash	MI	L N/A	Y				
A B C D	Threshold	0.1	AM L N/A	Y					A	Window Sill	MI	AM L N/A	Y				
A B C D	Door	MI	AM L N/A	Y					B	Win Apron	MI	AM L N/A	Y				
A B C D	Door Casing	MI	AM L N/A	Y					C	Win Casing	MI	AM L N/A	Y				
A B C D	Door Jamb	MI	AM L N/A	Y					D	Header Stop	MI	AM L N/A	Y				
A B C D	Threshold	MI	AM L N/A	Y						Int Stops	MI	AM L N/A	Y				
A B C D	Door	MI	AM L N/A	Y					1	Win Int Sash	MI	AM L N/A	Y				
A B C D	Door Casing	MI	AM L N/A	Y					2	Exterior Sill	MI	SF L N/A	Y				
A B C D	Door Jamb	MI	AM L N/A	Y					3	Part Bead	MI	L N/A	Y				
A B C D	Threshold	MI	AM L N/A	Y					4	Blind Stop	MI	SF L N/A	Y				
A B C D	Door	MI	AM L N/A	Y						Win Ext Sash	MI	L N/A	Y				
A B C D	Door Casing	MI	AM L N/A	Y						Novel Post	MI	AM L N/A	Y				
A B C D	Door Jamb	MI	AM L N/A	Y						Railing Cap	MI	AM L N/A	Y				
A B C D	Threshold	MI	AM L N/A	Y						Handrail	MI	AM L N/A	Y				
A B C D	Door	MI	AM L N/A	Y						Bolsters	MI	AM L N/A	Y				
A B C D	Door Casing	MI	AM L N/A	Y						Lower rail	MI	AM L N/A	Y				
A B C D	Door Jamb	MI	AM L N/A	Y						Treads	1.3	AM L N/A	Y				
A B C D	Threshold	MI	AM L N/A	Y						Risers	1.4	AM L N/A	Y				
A B C D	Door	MI	AM L N/A	Y						Stringer	MI	AM L N/A	Y				
A B C D	Door Casing	MI	AM L N/A	Y						Floor Edge	0.0	AM L N/A	Y				
A B C D	Door Jamb	MI	AM L N/A	Y						Floor Casing	0.2	AM L N/A	Y				
A B C D	Threshold	MI	AM L N/A	Y					C	Wainscoting	0.1	AM L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 200 SQ. IN.)	IC DATE	IC METHOD	SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 200 SQ. IN.)	IC DATE	IC METHOD

LURA Register, 2005